

Report of the  
International Conference  
on New Directions  
for Public Health Education  
in Low & Middle Income Countries  
12-14 August 2008, Hyderabad, India



# Working Towards » HEALTHIER INDIA

A CONSOLIDATED PROGRESS UPDATE, SEPTEMBER 2009



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
DELHI



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
GANDHINAGAR



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
HYDERABAD

RN  
1/10/09  
CPHE





## BATCH OF 2009-10



**IIPH-Delhi:** Students of the Post Graduate Diploma in Public health Management- Delhi, are government nominated medical practitioners from the states of Manipur(6), Meghalaya(8), Bihar(2), Jharkhand(3) practitioners and 8 self-sponsored health practitioners(dentists and paramedics).



**IIPH-Gandhinagar:** Students of the Post Graduate Diploma in Public health Management - Gandhinagar, are government nominated medical practitioners from states of Gujarat(18), Punjab(1), Madhya Pradesh (8), and 4 self-sponsored health practitioners (Dentists and Homeopathic).



**IIPH-Hyderabad:** Students of the Post Graduate Diploma in Public Health Management 2009-2010 - Hyderabad, are government nominated medical practitioners from the states of Andhra Pradesh (24) and Chattisgarh (5), and 1 self-sponsored homeopathic health practitioner.



**IIPH- Hyderabad:** Students of the Post Graduate Diploma in Biostatistics and Data Management- are government nominated district level statistical officers, from the vital statistics division of health department of Andhra Pradesh (10) and 5 self-sponsored candidates.  
**Seen in the Photograph:** 4 government nominated candidates, 5 self-sponsored candidates and 2 faculty members.



## From the President's Desk

In the initial three years since inception (2006-09), the Public Health Foundation of India (PHFI) has set forth on a unique journey, the course of which has been marked by many milestones and accomplishments. Our steady progress has been facilitated by many friends, though we had to negotiate past some unmaped, potholes and accommodate a few unexpected detours. PHFI is now well positioned to deliver its mandate of strengthening the architecture of public health in India through education, training, research, policy development, advocacy and public communication. Augmenting our institutional strength, and through purposeful and productive partnerships with a wide range of organizations whose objectives are aligned to those of PHFI, we have begun to make meaningful contributions to several elements of capacity building.

### PHFI's founding charter directed it to:

- 1) Establish a network of multiple Indian Institutes of Public Health (IIPH), in different regions of the country for the advancement of innovative, problem solving, nationally relevant and internationally recognized public health education;
- 2) Assist in the growth of other institutions engaged in public health relevant education;
- 3) Catalyze, coordinate and conduct policy and programme relevant research that will generate knowledge needed to guide public health response to prioritized health problems;
- 4) Facilitate the development of evidence-based, context-specific, resource-sensitive and equity promoting policy recommendations through critical appraisal of information, to aid transformation of India's health system and improve health outcomes;
- 5) Develop a vigorous advocacy platform to effectively communicate these recommendations to policy makers and other relevant stakeholder groups, including civil society organizations which represent the interests of people's health.

This progress report of 09/'09 details the activities and accomplishments of PHFI in each of these areas. While the landscape of public health needs in India is vast and varied across its different regions and diverse social and demographic groups, this report affirms that we have commenced work in real earnest and avers our commitment to speedily enhance the scope and scale of activities to embrace the totality of India's public health agenda.

PHFI now has three functioning IIPHS at Hyderabad, Gandhinagar and Delhi. These institutes started operations from rented premises in 2008 as the transfer of land, offered by the government of these states, is expected by October 2009. The first batch of students graduated in 2009 after completing Post Graduate Diploma programmes in Public Health Management (PGDPHM) at Gandhinagar, Biostatistics and Data Management at Hyderabad and Health Economics, Health Finance and Health Policy (HEHFHP) at Delhi. The PGDPHM programme is aligned to the needs of the National Rural Health Mission (NRHM) and is supported by the Government of India. From August 2009, IIPH Delhi expanded the taught



courses to include PGDPHM and initiated a new Post Graduate Diploma programme in Clinical Research. The IIPH Hyderabad also expanded its portfolio of programmes with the addition of PGDPHM in September 2009.

At the IIPHs, the faculty uses innovative and state of the art teaching methodologies including computer aids, case studies, critical thinking exercises, seminars and field work. Scientific and educational collaborations have also been developed with other academic schools, NGOs and development agencies in order to facilitate active participation in community-based research, learning and service. PHFI has also partnered with the National Health System Resource Centre of NRHM, the National Institute of Communicable Diseases and the London School of Hygiene and Tropical Medicine for designing and delivering a Distance Education Diploma Programme in Epidemiology for medical officers recruited from across the country under the Integrated Disease Surveillance Programme. Efforts toward development of distance education diploma programmes in Health Promotion and Public Health Nutrition are underway and curriculum has been developed for a two year Masters in Public Health programme (MPH), proposed for launch in 2010.

PHFI's technical team of highly qualified faculty and research staff is more than 100 and this is augmented by a constellation of Visiting/Adjunct faculty drawn from reputed partner institutions across the world. PHFI has nurtured a strong multi-disciplinary team representing major public health disciplines, with a broad range of technical and academic expertise, enabling multi-dimensional perspectives to enrich our educational and research programmes. Over 60 Future Faculty fellows have been selected for training in USA, UK, Australia, Canada and Europe and the first two batches of trainees have returned to take up teaching and research assignments at different IIPHs. A Wellcome Trust grant of 5 million GBP has enabled PHFI to train 76 of its future faculty in PhD., Post Doctoral and MPH programmes at 14 leading UK institutions in the years from 2009 till 2014. Investment in in-depth research, critical appraisal of evidence from multiple sources and academic collaborations have also enabled PHFI's technical team to provide much-needed technical assistance to governmental initiatives intended to protect, promote and improve health.

While consolidating efforts in the presently functioning IIPHs, PHFI is also advancing efforts to establish IIPHs or Training Institutes in Meghalaya, Orissa, Punjab, Tamil Nadu, Uttarakhand and West Bengal. Training programmes for strengthening health systems have been initiated in partnership with state governments in Uttarakhand and Jammu and Kashmir. PHFI's Training Division has also initiated several other training programmes, especially in the area of vector borne diseases.

Technical advisory services to the Central and State Governments position PHFI in multi-level initiatives for policy development, programme evaluation and capacity building in several areas such as review of NRHM activities, National AIDS Control Programme, state polio programmes, tobacco control activities and, recently, the response to H1N1 flu pandemic and establishment of a National Council for Human Resources in Health. An award-winning health information and resources website, [www.healthyindia.org.in](http://www.healthyindia.org.in), has been designed and continues to be maintained and made more engaging by PHFI, with support from the Government of India.



PHFI has established partnerships with an array of stellar academic institutions, reputed civil society organizations, global foundations and international organizations such as the WHO and the World Bank. It has won several competitively adjudged research/project grants from reputed agencies such as the Wellcome Trust, National Institutes of Health (USA), Bill and Melinda Gates Foundation and Bloomberg Global Initiative. Our efforts are also focused on collaborating with partners to support and enhance health communication, promotion and advocacy efforts to create an enabling environment for behaviour change in communities. PHFI has been invited to partner in activities ranging from investigation of child deaths in Adilabad to preparation of Health Preparedness Plans for adaptation to global climate change. Its voice has been heard in fora such as the United Nations, World Economic Forum, WHO, Central Council of Health and Family Welfare, National Human Rights Commission, National Commission for Protection of Child Rights and civil society conclaves, apart from a wide range of scientific meetings.

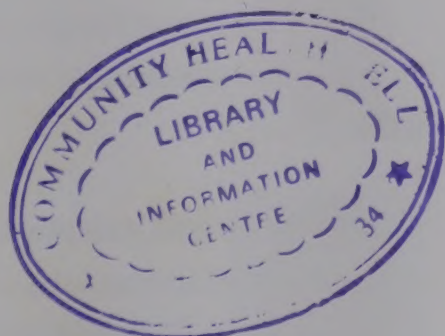
We believe these bright beginnings will vindicate the faith of PHFI's patrons, partners, supporters and well wishers. There is still a long journey ahead and many more miles to traverse, before PHFI can realize its potential for assisting the transformation of India's health systems and significantly advancing public health goals. Based on the progress so far, we feel confident that we are moving on the right track and at a brisk pace. Constructive and corrective counseling from PHFI's circle of friends is most welcome, to ensure we remain on course with clarity of vision and courage of conviction.

None of this would have been accomplished without the talent, teamwork, dedication and diligence of PHFI's academic and administrative staff who have worked with skill and speed to deliver PHFI's mandate. PHFI has also drawn upon the experience, expertise, vision and wisdom of its star-studded Governing Board to map its path and stay on course. It has found stimulus and strength from its engagement with many partners who represent multiple constituencies, with an amazing diversity of interests. Above all, the organization continues to draw its inspiration from the people of India whose unmet health needs constantly remind PHFI of the *raison d'être* of its creation and continually motivate it to higher levels of commitment.

**K. SRINATH REDDY**

**President**

Public Health Foundation of India





## GOVERNING BOARD OF PHFI



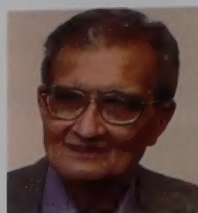
**DR MONTEK SINGH AHLUWALIA**  
Deputy Chairman, Planning  
Commission for India



**MR. NARESH DAYAL**  
Secretary, Ministry of Health and  
Family Welfare, Government of India



**MR. ASHOK ALEXANDER**  
Director, Avahan, Bill and Melinda  
Gates Foundation



**DR. AMARTYA SEN**  
Professor of Economics and  
Philosophy, Harvard University



**MR. MUKESH AMBANI**  
Chairman and Managing Director,  
Reliance Industries Limited



**DR. GURURAJ "DESH"  
DESHPANDE**  
Co-founder and Chairman,  
Sycamore Networks, Inc.



**MS. KATHY CAHILL**  
Deputy Director, Global Health  
Programmes, Bill and Melinda Gates  
Foundation



**DR. TIM EVANS**  
Assistant Director General –  
Evidence and Information for Policy,  
WHO



**DR MIRAI CHATTERJEE**  
Coordinator, Social Security, Self-  
Employed Women's Association  
(SEWA)



**MR. RAJAT GUPTA**  
Chairman, PHFI  
Senior Partner Worldwide,  
McKinsey & Company



**DR PURNENDU CHATTERJEE**  
Founder and Chairman,  
The Chatterjee Group



**DR. V. M. KATOCH**  
Secretary, Health Research and  
Director General, ICMR



**DR. LINCOLN CHEN**  
President,  
China Medical Board



**MR. UDAY KHEMKA**  
Vice Chairman,  
SUN Group



**DR. JAMES CURRAN**  
Dean, Rollins School of Public  
Health, Emory University, USA;  
Former Chairman, Association of  
Schools of Public Health, USA



**MR. GAUTAM KUMRA**  
Director,  
McKinsey India



## GOVERNING BOARD OF PHFI



**DR. DAVID LYNN**

Head Strategic Planning and  
Policy Unit, Wellcome Trust



**MS. K SUJATHA RAO**

Special Secretary, Ministry of Health  
and Family Welfare, Government of  
India & Director General, NACO



**MS. KIRAN MALHOTRA**

Chairperson,  
AKM Systems Pvt. Ltd.



**DR. K. SRINATH REDDY,**

President, PHFI  
Former Head - Cardiology, AIIMS



**DR RAGHUNATH A MASHELKAR**

Director General, Centre of Scientific  
& Industrial Research (CSIR)



**DR. Y V REDDY**

Former Governor,  
Reserve Bank of India



**MR. SHIV NADAR**

Founder, HCL



**DR. ANIL SEAL**

Professor, Trinity College,  
Cambridge University, UK



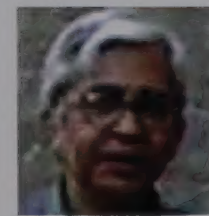
**MR. T K A NAIR**

Principal Secretary to the  
Honorable Prime Minister of India



**DR. A K SHIVAKUMAR**

Advisor, UNICEF and Member,  
National Advisory Council



**DR. RAVI NARAYAN**

Community Health Adviser,  
SOCHARA



**MR. HARPAL SINGH**

Chairman,  
Fortis Healthcare Ltd.



**MS. ROHINI NILEKANI**

Chairperson, Akshara Foundation,  
Arghyam Trust, Pratham Books



**DR. R. K. SRIVASTAVA**

Director General of Health Services,  
Ministry of Health and Family  
Welfare, Government of India



**MR. JVR PRASADA RAO**

Regional Director for the UNAIDS  
Regional Support Team, Thailand.





## LEADERSHIP

### MR. RAJAT KUMAR GUPTA

#### Chairman

Mr. Rajat K. Gupta is the Senior Partner Worldwide of McKinsey & Company. He joined the Firm's New York Office in 1973, assumed leadership of its Scandinavian Offices in 1981, and Chicago Office in 1989. Mr. Gupta served as the Managing Director Worldwide of McKinsey from 1994 to 2003. In his 34 year career in consulting, Mr. Gupta has served many leading companies on a broad set of topics related to strategy, organization and operations. He has played a thought leadership role in organizational thinking throughout his career, and led the Organization Practice for the Firm.



Mr. Gupta is very active in many non-profit institutions focused on education, health and development. He served as the United Nations Secretary-General's Special Advisor on UN Reform, is an independent Director of Goldman Sachs, Qatar Financial Centre and is on the Board of Rockefeller Foundation. He also contributes to the work of a host of organizations including. Mr. Gupta holds a Bachelor of Technology degree in Mechanical Engineering from the Indian Institute of Technology, Delhi and an M.B.A. from Harvard Business School.



### PROF K. SRINATH REDDY

#### President, Public Health Foundation of India

Till recently, Prof. K. Srinath Reddy headed the Department of Cardiology at the All India Institute of Medical Sciences (AIIMS) in New Delhi. He graduated from the Osmania Medical College, Hyderabad and later trained at AIIMS, where he received his MD (Medicine) and DM (Cardiology) degrees with high academic honours. A clinical cardiologist, also trained in epidemiology from McMaster University, Canada, he has committed his career

to preventive cardiology and public health.

Prof. Reddy has been involved in several major international and national research studies that have contributed significantly to the growing discourse in both medicine and public health; including the INTERSALT global study of blood pressure and electrolytes, INTERHEART global study on risk factors of myocardial infarction, national collaborative studies on epidemiology of coronary heart disease and community control of rheumatic heart disease. With over 250 scientific publications in international and Indian peer reviewed-journals, having edited the National Medical Journal of India for ten years and as a member of the editorial board of several international and national journals he has been the recipient of several prestigious literary awards like the Global Peace Essay Contest organized by Economists Allied for Arms Reduction (ECAAR) and the Times of India National Essay Contest on Human Rights. He has been a recipient of research grants from noted scientific



agencies including the Indian Council of Medical Research, NIH (Fogarty), Wellcome Trust, WHO, British Heart Foundation and the Global Forum for Health Research.

He is the Chair of the Initiative for Cardiovascular Health Research in Developing Countries (IC Health), a global partnership programme which promotes research for prevention of cardiovascular diseases in developing countries and has been part of several WHO expert panels. He also chairs the Foundations' Advisory Board of the World Heart Federation and the World Economic Forum's Global Advisory Council on Chronic Diseases and is a member of the Forum's Global Health Board, the overarching advisory body on health. He is chair of the National Human Rights Commission's Core Advisory Group on Public Health and Human Rights. He has recently been appointed as the First Bernard Lown Visiting Professor of Cardiovascular Health at the Harvard School of Public Health and is also an Adjunct Professor at the Rollins School of Public Health, Emory University.

The President of India on the occasion of the 57th Republic Day of India (2005) conferred the prestigious national award- PADMA BHUSHAN to Prof. Reddy. At the 56th World Health Assembly (2003) he was awarded the WHO Director General's Award for Global Leadership in Tobacco Control. The Royal Society for the Promotion of Health in the United Kingdom also awarded him the Queen Elizabeth Medal (2005). Elected as Foreign Associate Member of the Institute of Medicine (US National Academies) in 2004, Prof. Reddy is the only Indian to be conferred such an honour. He received the Luther Terry Award for outstanding leadership in Tobacco Control from the American Cancer Society and the Honorary Fellowship of the London School of Hygiene and Tropical Medicine (2009).



#### **DR. SANJAY P. ZODPEY**

**Director of Public Health Education, PHFI and Director, Indian Institute of Public Health-Delhi**

Dr. Sanjay Zodpey is the Director, Public Health Education at PHFI (December 2007 onwards) and Director, IIPH Delhi (November 2008 onwards). He also worked as Director of IIPH Ganhinagar from July 2008 to March 2009. Earlier he worked as Professor and Head at Department of Preventive and Social Medicine, Shri VN Government Medical College, Yavatmal, and Faculty in

Clinical Epidemiology Unit at Government Medical College, Nagpur, India. He also worked as Vice Dean at Government Medical College, Nagpur.

He is a Medical Scientist, Public Health Specialist, and Epidemiologist. Dr. Zodpey completed all his medical education - MBBS, MD and PhD (Preventive and Social Medicine - Case-Control Study and Meta-Analysis) - from Government Medical College, Nagpur, Maharashtra, India. He has also acquired post-graduate qualification in Sociology, Public Administration and Economics from Nagpur University. He has been awarded Fellowship of Indian Public Health Association (IPHA) and Indian Association of Preventive and Social Medicine (IAPSM). He is also a Member of National Academy of Medical Sciences. He has been active member of IndiaCLEN network for last 10 years and participated in various



IndiaCLEN activities. He is involved in IndiaCLEN Program Evaluation Network since its inception. He is instrumental in initiating, co-ordinating and monitoring various research projects at Government Medical College, Nagpur

Dr. Zodpey has to his credit over 200 publications and presentations in reputed national and international journals, and in various conferences. He has been faculty for over 100 workshops dealing with various aspects of research methods, epidemiology and public health across the country. He is recipient of 20 research awards, which includes prestigious Young Researcher Award of IndiaCLEN. His academic interests include evidence-based health care, health policy, health systems research, program evaluation and public health governance. He is a member of various technical task forces and academic committees constituted by Universities and State and Central Government.



### **PROF. J.K. SATIA**

**Senior Advisor - Academic Governance and Director of the Indian Institute of Public Health, Gandhinagar**

Prof. Satia holds a Ph.D. in Industrial Engineering from Stanford University, USA. He was Professor at the Indian Institute of Management, Ahmedabad (IIM-A) for more than 20 years and served as its dean during 1987-1989. At IIMA, he worked on operations management as well as on management of health, population and nutrition programmes.

During the period 1993-2008, Prof. Satia was the Executive Director of the International Council on Management of Population Programmes (ICOMP). ICOMP is a Malaysia based international NGO dedicated to seeking excellence in management of population programmes through leadership and management development, promoting best practices and catalyzing policy dialogues in the field of reproductive health including HIV/AIDS.

He has several publications to his credit. He has also received research grants from numerous organizations and has been a consultant to many Governments and international agencies including the World Bank and the United Nations Population Fund (UNFPA). He has also been a member on the board of several organizations.



### **DR. MALA RAO**

**Director- Indian Institute of Public Health, Hyderabad**

As a transformational leader with 21 years of consultant level experience in Public Health in England, Dr. Mala Rao has delivered demonstrable and sustained improvements in all three of its domains - health promotion, health protection and improving health care services. She has lead key regional and national agendas, through chairing peer reviews and leading public consultations and service reviews, thus contributing to the NHS Plan.



Her interest in capacity building and teaching, commitment to research and ethics, and inspiring under- and postgraduate students to recognise the importance of population health is well recognised. She is particularly proud to have taught many generations of medical students to address ethnic disparities in health. She has lead the planning of important health protection policies at regional level ranging from population screening programmes to communicable disease control and initiated and conducted vaccination trials and major incident investigations which have changed national policy.

She established the first nationally recognised cancer network in England, harnessing the clinical excellence and cooperation of over 120 senior health professionals working in South Essex. She established methods of public consultation and governance to agree clinical priorities for commissioning and improving health care in Essex.

She has taken an active leadership role within the Faculty of Public Health, both nationally and internationally, acting as Faculty adviser, representative on a Research Ethics Inquiry, examiner, and more recently, as a key collaborator in taking forward workforce development. She lead the Faculty's collaboration with the WHO SE Asia sector.



#### **DR. AIYAGIRI RAO**

##### **Advisor, Research Development and Scientific Operations**

Dr Rao Aiyagari has served as an Advisor to the Government of India's, Department of Science and Technology for a number of years and has made significant and outstanding contributions towards promotion of R&D in Science and Engineering and also to various issues related to formulation of policy statements on science and technology. He has greatly contributed to the Review of the Scientific Policies and in the preparation of the

Technology Policy statement 1983 and more recently the new Science & Technology Policy 2003. He has greatly contributed to the formulation of the science and technology plans in the country and also has considerable international exposure to the issues connected with science policy and management of R&D. He has made significant contributions to the programs of the United Nations in the field of Science & Technology. In the Department of Science & Technology, he was handling one of the most important programs titled "Science and Engineering Research Council (SERC)" which is responsible for promoting R&D in newly emerging and frontier areas of science and engineering. The SERC has been making increasing efforts to promote basic research particularly in the universities and academic institutions and encouraging young scientists and engineers.

Specialised in the areas of Operations Research, Systems Analysis and Industrial Engineering Problems. Special Professional Interest include Science and Technology Policy and Planning, R&D Programme Management, Technology transfer Studies, Scientometrics, Systems Planning/Operations Research and Business Management Analysis.



# CONTENTS

Executive Summary .....	13
Introduction .....	16
Partner Institutes .....	18
Academic Programmes .....	21
Workshops & Training .....	29
Research Initiatives .....	47
Health Systems, Economics, Finance .....	47
Public Health Law .....	54
Infectious Diseases .....	56
Maternal and Child Health .....	59
Environment Health .....	63
Completed Research Activities .....	65
Special Initiatives .....	74
Advocacy and Health Communication .....	81
Public Events Hosted .....	89
Resource Centre .....	99
Publications .....	103
Technical & Support Staff .....	119





## EXECUTIVE SUMMARY

### Our Vision

- Establishing a network of new institutes of public health over the next 6-8 years;
- Assisting the growth of existing public health training institutions/ departments and facilitating their evolution into major institutes of public health;
- Establishing a strong national research network of public health and allied institutions which would undertake policy and program relevant research that will advance public health goals in prioritized areas - with suitable international partnerships wherever useful and appropriate;
- Engaging public health expertise to collectively undertake analytical work for generating policy recommendations related to public health action, in not only the health sector but also in all other sectors which impact the health of the people, and developing a vigorous advocacy platform to effectively communicate these recommendations to policy makers and other relevant stake holder groups (including civil society organizations which represent the interests of people's health);
- Establishing an independent accreditation body for degrees in public health which are awarded by training institutions across India.

### Achievements So Far

#### Establishment of 3 Indian Institutes of Public Health(IIPH)

- The first three IIPHs are fully functional since 2008.
- These are
  - The Indian Institute of Public Health, Hyderabad,
  - The Indian Institute of Public Health, Gandhinagar and
  - The Indian Institute of Public Health, Delhi.
- MoUs for establishment of IIPHs have been signed with the governments of Andhra Pradesh, Gujarat, Delhi and Meghalaya.
- Land has been identified in Delhi, Gandhinagar and Hyderabad and process for land transfer is underway. Architectural design of these campuses is being finalized.
- Discussions are in the advanced stages with the Governments of Orissa, Tamil Nadu, Uttarakhand and Punjab for establishment of other IIPHs.

### Progress on Indian Institute of Public Health (IIPHs)

Three interlinked IIPHs have been launched till date under the aegis of the Public Health Foundation of India and at least four more institutions are planned to be launched in the coming years. The Indian Institutes of Public Health (IIPH) are envisioned as the hub of teaching, research, sharing knowledge and experiences in the evolving discourse of public health.

These fully residential institutes are expected to become nodal points for public health education, advocacy, research and practice in the future, providing quality public health training to graduates from different disciplines. The aim of our programs at each



IIPH is to make education and research activities relevant to India in content and context, while attaining standards which are qualitatively comparable with the best in the world. By developing an understanding and broad appreciation of the multiple determinants of health and imparting skill sets needed for designing and implementing a broad range of multi-sectoral actions required to advance public health, PHFI and the IIPHs shall enhance the nature and opportunities for improved health care through these institutions.

The IIPHs have launched Post Graduate Diploma programs for fresh graduates as well as mid-career professionals, aiming to improve the public health delivery system in India. Each IIPH is in close association with the state governments and also plans to conduct research relevant to the state and surrounding regions, so as to contribute to overall national health goals.

#### ***Academic programs successfully concluded - 2008-09***

- Post graduate Diploma in Public Health Management was launched at IIPH – Gandhinagar in July '08. This course was developed as per NRHM specifications and is being delivered simultaneously by other partners [All India Institute of Hygiene and Public Health(AIIH&PH), IIPH G, IIPH D, IIPH H, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha, National Institute of Health and Family Welfare (NIHFW), Jawaharlal Institute of Post-Graduate Medical Education and Research (JIPMER)].
- Post graduate Diploma in Biostatistics and Data Management was launched at IIPH – Hyderabad in August '08. The trainees for this course were drawn from public and private sector organizations.
- Post graduate Diploma in Health Economics, Financing & Policy was launched at IIPH – Delhi in November '08. This course aimed to increase awareness and appreciation of the need for incorporating an economics perspective to various public health issues.

#### ***Academic programs being delivered in 2009 -10***

- Post-graduate Diploma in Public Health Management at IIPH Gandhinagar, Hyderabad, Delhi
- Postgraduate Diploma in Clinical Research at IIPH Delhi
- Post graduate Diploma in Health Economics, Health Policy and Health Care Financing at IIPH Delhi
- Post graduate Diploma in Bio-statistics and Data Management at IIPH Hyderabad
- Postgraduate Diploma in Epidemiology through distance learning mode (aligned with IDSP)

#### ***Academic programs in the offing for 2010-11***

- Masters in Public Health (MPH)
- Post Graduate Diploma in Chronic Diseases
- Distance learning programme in Public Health Nutrition
- Distance learning programme in Health Promotion



## Workshops & Training

Many short term trainings are being delivered. A detailed list is provided in the subsequent sections. Some of them include

- National Vector Borne Disease Control Program (NVBDCP) to develop a competency based three months long training curriculum for district level managers of NVBDCP.
- “Using Management tools to improve district health services” for District Medical Officers. PHFI was commissioned by Government of Jammu and Kashmir to conduct this three day training.
- Under the Integrated Disease Surveillance Project (IDSP), Field Epidemiology Training Programs have been undertaken for 46 District Surveillance Officers.
- Training Workshop on Tobacco Control for State Programme Managers was held at the National Institute of Health and Family Welfare, New Delhi in July 2008 in partnership with MOHFW and JHSPH.
- The first National Advocacy Workshop on Tobacco Control for Law Enforcers/ Government Officials commissioned by MoHFW.

## Major Grants Received

- **Assessing and Supporting Norway India Partnership Initiative (NIPI) Interventions, Ministry of Foreign Affairs, Norwegian Embassy:** The study uses a multi-disciplinary approach to assess current NIPI interventions in selected districts through a gender and equity lens and to provide recommendations based on identified bottlenecks, if any, for improving service delivery and health outcomes, with a grant of NOK 3.8 million.
- **NACO Capacity Building Grant, BMGF:** Bill & Melinda Gates Foundation has awarded \$18 million to PHFI for providing technical assistance and capacity building support to the efforts of the National AIDS Control Organization (NACO) under the NACP III.
- **BMGF Advocacy Grant:** A focused initiative is underway, aimed at strengthening the in-country public health advocacy and health policy expertise through education, training and research so as to address the many challenges in the path of an accelerated and sustained response to public health concern in India. The grant is for USD 2 million.
- **Wellcome Trust:** Capacity Building Grant, Wellcome Trust, UK has awarded £ 5 million to PHFI for capacity building of future faculty and kick-starting a quality research environment in India. This grant will support the training of 16 MPH, 27 PhD and 35 post-doctoral candidates (under the PHFI future faculty programme) at partner schools in the UK and offer 23 seed research grants to IIPHs.
- **Wellcome Trust - Centre of Excellence in Chronic Diseases:** This £ 4.5 million grant, also awarded by the Wellcome Trust, is for the establishment of a Centre of Excellence for Chronic Diseases, largely augmenting PHFI's capacity for research in chronic diseases in India.
- **NHLBI-Ovations:** USD 2.9 million to develop a Centre for Control of Diabetes & Cardio metabolic diseases in South Asia and worldwide.



## INTRODUCTION

### The Need for Public Health Education in India

The challenge of speedily and steadily improving performance on health indicators confronts our country. Beyond the numbers, India's population needs to be assured of readily accessible, easily affordable and qualitatively adequate health services. Coupled with this is the human resource crisis resulting from a severe shortfall in skilled health personnel, especially in underserved areas.

The WHO launched the Health Workforce Decade (2006-2015) and Human Resources for Health have been discussed as a key theme in the World Health Report, 2006, titled: 'Working Together for Health.' The report highlighted the growing challenge of maintaining 'the needed numbers, quality, mix and distribution of personnel to meet the healthcare needs of the population.' Clearly, there are multiple stresses and strains on the goal of medical education to produce health personnel capable of managing common problems in realistic health care settings.

Adding to the complexity of the challenge is India's rapid health transition, where it is confronted both by an unfinished agenda of eliminating infectious diseases, nutritional deficiencies, unsafe childbirth and the challenge of escalating epidemics of non-communicable diseases. This composite threat to the nation's health and development needs a concerted public health response that can ensure delivery of cost-effective interventions for health promotion, disease prevention and affordable diagnostic and the therapeutic health care.

Health care reform, guided by a paradigm shift from an exclusive focus on clinical medicine to a concerted public health response, encapsulating health promotion, disease prevention and affordable diagnostic and therapeutic health care for all, is an inescapable imperative. Central to this shift is the growth of public health as an academic and practical discipline.

Public Health as a formal discipline should ideally integrate streams of knowledge from diverse disciplines, integrating learnings and perspectives from life sciences, especially human biology; quantitative sciences such as epidemiology, biostatistics and demography; social and behavioural sciences including economics, health promotion and communications; political science and humanities, especially health inequities, human rights, gender and ethics; and elements of management. Public health aims to focus on and influence the multiple determinants of health at the population level (economic, social, behavioural and biological) and to undertake and evaluate multi-sectoral interventions to positively influence those determinants. It also involves the study of health systems, their structure and management practices as channels for delivery of health services. While the specific applications of such knowledge would vary across different areas of medicine and public health, a broad array of disciplines must inform and influence the totality of their precept and practice to advance global health. This, holistic approach is nascent in India, thus far, causing impediments to access, availability and quality of health care provided by professionals.

Health professionals with such multidisciplinary training could, ideally, supplement and enhance the strength of medical doctors, nurses and health workers while enhancing



both the efficiency and equity perspectives of health systems. Knowledge and application of diverse disciplines shall enable the establishment of synergistic links in designing and delivering health care services across the board. The interventions proposed need to be evidence based, context specific and resource sensitive.

Presently, graduates from the few public health schools in India are insufficient, in numbers or limited in exposure to multi-disciplinary learning. The resultant shortfall of professionals with inter-disciplinary orientation, relevant knowledge and skill-sets has inhibited opportunities for multi-sectoral public health action and a broader understanding of health issues.

Broadband education and training in public health will help to create well-informed health policies and optimize performance and healthcare delivery in programmes, to consequently improve health outcomes. Surveillance, monitoring and evaluation efforts would also be supported by constant engagement of the health system with public health institutions. Public health should emphasize health promotion, disease prevention and cost effective as well as equitable health care through collective actions at various levels to address the underlying causes of diseases, and foster conditions in which communities or population groups may lead healthy lives. Public health education, in India, must be reconfigured to enable the attainment of this vision.

## **The Genesis of PHFI**

The Public Health Foundation of India (PHFI) was conceptualised as a response to emerging public health challenges in India. In the inception of this unique public private partnership lies recognition that meeting the shortfall of health professionals is imperative for a sustained and holistic response to India's public health challenges. The foundation of our endeavours is the belief that health care in India ought to be addressed not only from the scientific perspective of what works, but also from the social perspective of who needs it the most, and that health system performance needs to be assessed on the attributes of access, affordability, adequacy, appropriateness, efficiency, cost-effectiveness and equity.

PHFI emerged as a concept in the mid-2000s and got shaped into a dedicated mission with extraordinary national intent, aimed at propelling India, and therefore the region, towards better public health outcomes. The idea of PHFI as an institution was developed under the leadership of Mr. Rajat K. Gupta, Former Managing Director of McKinsey & Company, the Ministry of Health & Family Welfare, Government of India and Prof. K. Srinath Reddy, Former Head of Department Cardiology at the All India Institute of Medical Sciences and was collaboratively evolved in consultation with multiple constituencies, including State and Central Governments in India, Indian and international academia, multi- & bi-lateral agencies and civil society groups.

## **The Foundation**

The Public Health Foundation of India is a large-scale, autonomously governed, public private initiative, launched by the Honourable Prime Minister of India, Dr. Manmohan Singh,



on March 28, 2006 to strengthen India's public health workforce capacity to address India's critical public health challenges by effectively planning, implementing and managing the country's massive health care structures and systems.

The Foundation is managed by a fully empowered, independent Governing Board that is represented by stalwarts from across multiple constituencies, including senior government officials, eminent Indian and International academic and scientific leaders, civil society representatives and corporate heads. The President is Prof. K. Srinath Reddy, a cardiologist and epidemiologist who brings in a broad range of public health experience at national and global levels.

The concept enjoys wide support nationally and internationally. Working closely with the Central and state governments across the country and international partner institutions across five continents, PHFI is working towards education, training, research, policy and advocacy efforts and communication, cutting across major disciplines of public health. Many initiatives at the organization have been strengthened by strong links and support from government agencies in policy and programmes alike. With the Ministry of Health and Family Welfare as the nodal agency; state governments, the Prime Minister's Office, the Planning Commission, Department of Science & Technology and Finance Ministry have extended their support. Government officers have also been seconded to engage and work collaboratively with the PHFI team to develop solutions for the health sector. PHFI partners with the World Bank, WHO, United Nations agencies, national and international NGOs and 65 schools of Public Health from around the world.

## OUR ACADEMIC PARTNERS

### Institutes in India

- Achutha Menon Centre of Health Science Studies
- All India Institute of Hygiene and Public Health
- Centre of Social Medical and Community Health, Jawaharlal Nehru University
- Child In Need Institute
- Faculty of Management Sciences, Delhi
- Interdisciplinary School of Health Sciences, University of Pune
- Mahatma Gandhi Institute of Medical Sciences, Sewagram, Wardha
- Manipal Academy for Higher Education
- National Institute of Communicable Diseases
- National Institute of Health and Family Welfare
- Science Health Allied Research Education
- Sree Chitra Tirunal Institute for Medical Sciences and Technology Christian Medical College
- School of Health Systems Studies, Tata Institute of Social Sciences



**Institutes with Joint Internship Programmes:**

- BITS Pilani
- SEWA


**Institutes in Canada**

- Centre for Global Health Research
- McGill University, Canada
- Simon Fraser University, Canada
- York University

**Institutes institutes in Europe**

- Erasmus Medical Centre, Netherlands
- Institute of Tropical Medicine, Belgium
- International Centre Cointrin
- KIT Royal Tropical Institute
- National Public Health Institute, Finland
- Partner institutes in Australia
- University of Copenhagen, Faculty of Health Science
- University of Heidelberg
- University of Melbourne, Nossal Institute of Global Health
- University of Sydney, School of Public Health
- Vrije University

**Institutes in the UK**

- Bristol University Faculty of Public Health
  - Cambridge Trust
  - Imperial College
  - London School of Hygiene and Tropical Medicine
  - University of Cambridge, School of Clinical Medicine
  - University College London
  - University of Edinburgh
  - University of Leeds
  - University of Liverpool, School of Tropical Medicine
  - University of Newcastle Upon Tyne
  - University of Oxford Division of Public Health and Primary Health Care
- 



**Institutes in USA**

- Bates College, Maine.
- Boston University, School of Public Health
- Cornell University, Department of Public Health
- Emory University, Rollins School of Public Health
- Georgetown University Medical Centre
- Fogarty International Centre National Institutes of Health
- Harvard School of Public Health
- Harvard Humanitarian Initiative
- Johns Hopkins Bloomberg School of Public Health
- MCH STAR – USAID
- Tulane University, School of Public Health and Tropical Medicine
- University at Albany, School of Public Health, SUNY
- University of California, Berkeley
- University of California, Los Angeles, School of Public Health
- University of Illinois, Chicago, School of Public Health
- University of Medicine and Dentistry, New Jersey
- University of Michigan, School of Public Health
- University of Minnesota, School of Public Health
- University of North Carolina, School of Public Health
- University of Pittsburgh, Graduate School Of Public Health
- University of South Florida, School of Public Health
- University of Texas, Houston, Health science Centre
- Yeshiva University, New York, Institute of Public Health Sciences Albert Einstein College





# ACADEMIC PROGRAMMES 2009-2010



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



## POST-GRADUATE DIPLOMA IN PUBLIC HEALTH MANAGEMENT

(JULY 2009 – JUNE 2010)  
Venue: Indian Institute of Public Health (IIPH),  
New Delhi & Gandhinagar (Gujarat)



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



## POST-GRADUATE DIPLOMA IN BIostatISTICS AND DATA MANAGEMENT

(AUGUST 2009 – JULY 2010)  
Venue: Indian Institute of Public Health (IIPH), Hyderabad



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



## POST-GRADUATE DIPLOMA IN HEALTH ECONOMICS, HEALTH CARE FINANCING AND HEALTH POLICY

(SEPTEMBER 2009 – MAY 2010)  
Venue: Indian Institute of Public Health (IIPH), New Delhi



PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



## POST-GRADUATE DIPLOMA IN CLINICAL RESEARCH

(JULY 2009 – JUNE 2010)  
Venue: Indian Institute of Public Health (IIPH), New Delhi



CORE FACULTY AT INDIAN INSTITUTES OF PUBLIC HEALTH



Director and faculty at Indian Institute of Health-Delhi



Faculty at Indian Institute of Health- Gandhinagar



Director and faculty at Indian Institute of Health- Gandhinagar



## ACADEMIC PROGRAMMES

AT THE INDIAN INSTITUTES OF PUBLIC HEALTH-  
DELHI, GANDHINAGAR AND HYDERABAD

### Post Graduate Diploma in Public Health Management

The 'Post Graduate Diploma in Public Health Management' was launched from the Indian Institute of Public Health(IIPH)- Gandhinagar, on 27th July 2008, and was successfully completed on 27th July 2009. At the request of the Ministry of Health and Family Welfare(MoHFW), Government of India, this programme has now been scaled up to 7 institutes across India, including, the Indian Institutes of Public Health - Delhi and Hyderabad. The other Institutes are Mahatma Gandhi Institute of Medical Sciences (MGIMS)-Wardha; National Institute of Health and Family Welfare (NIHFW)-New Delhi, Jawaharlal Lal Institute of Post Graduate Medical Education and Research(JIPMER)- Ponducherry, and All India Institute of Hygiene and Public Health (AIIPH)-Kolkatta.

This Diploma course is a one year, fully residential programme. It aims to bridge the gap in public health managerial capacity amongst health professionals in the country. The program is multidisciplinary, both in content and teaching. The course imparts the knowledge and skills to address and resolve key health management challenges. The main objective of the program is to enhance the capacity of public health managerial workforce through the conduct and delivery of a specially designed diploma course in public health management.

**Dates:** 3rd August 2009- 14th July 2010 (Delhi and Gandhinagar); and 1st September 2009- August 2010(Hyderabad)

**Course coordinators:** Gandhinagar- Mayur Trivedi, Saraswati Achat(2008-2009); Hyderabad- Sitamma Mikkilineni, Delhi- Shomik Ray.

**Profile of students:** They are both nominated and self-sponsored candidates. States and the institutes to which they have been nominated, by the government, are as follows: medical doctors from Bihar, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Arunachal Pradesh and Haryana have been nominated to the Indian Institute of Public Health (IIPH)- Delhi. Medical doctors from Gujarat, Madhya Pradesh, Punjab have been nominated to the Indian Institute of Public Health (IIPH)-Gandhinagar. Medical doctors from Andhra Pradesh, Chattisgarh, Union Territory of Lakshadweep have been nominated to the Indian Institute of Public Health (IIPH) - Hyderabad. The educational background of the students includes MBBS, MD(physicians), BDS(dentists), BHMS(homeopathic physicians), Bachelors in Occupational Therapy/Physiotherapy.

**Fees:** Rs 2.5 lakhs for self-sponsored and Rs. 2 lakhs for government nominated candidates (boarding and lodging included)

**Course Modules:** The course follows a modular structure. It consists of the following modules- Essentials of computers, introduction to public health and management, demography, behavioral and social sciences in health, organizational behavior, epidemiology-i, epidemiology-ii, health communication and promotion, biostatistics-i, biostatistics-ii &



research methodology, environmental and occupational health, communicable diseases, public health nutrition, non-communicable diseases, essentials of health economics, health financing and insurance, disease surveillance, health policy and health care planning, operations research, logistic planning and drug distribution, urban health, project management and strategic management, management of issues related to maternal and child health, human resources management, quality, equity and access to health care, health management information systems, national health programs, the National Rural Health Mission (NRHM) & health sector reforms, financial management, organizational behavior, personnel management, and project management and project work.

### **Post Graduate Diploma in Biostatistics and Data Management**

The 'Post Graduate Diploma in Biostatistics and Data Management' was launched from the Indian Institute of Public Health (IIPH)- Hyderabad, on 18th August 2008 and was successfully completed on 17th July 2009. This diploma course is a one year program. It is designed to equip quantitatively oriented students with modern tools of data management and applied biostatistics that would lead them towards a career as practicing biostatisticians. The programme also aims to enhance the skills of practicing biostatisticians and epidemiologists in the areas of medical research and public health. In the second consecutive year (2009-2010) the post graduate diploma in biostatistics and data management, at the Indian Institutes of Public Health (IIPH)- Hyderabad, is in progress.

**Dates:** 17th August 2009 to 2nd August 2010

**Course Coordinator:** Souvik Bandopadhyay(2008-2009), Vivek Singh (2009-2010)

**Profile of the students:** Ten candidates have been nominated by government of Andhra Pradesh and the others are self-sponsored. The educational background of the students includes BA, MBA, M.SC, B.SC, B.Com, PG statistics, psychology, and computer science, MBBS, MD, M. Phil, BAMS and MPH.

**Academic fees:** 2 lakhs

**Modules:** The course structure is designed as a 1 year program with 10 months of institution based training and 2 months of field practicum. The core modules in the program are biostatistics, epidemiology, demography and vital statistics, data management using SAS®, R and Epi-Info, operations in clinical research and an allied public health module with topics on health economics, management and policy.

### **Post Graduate Diploma in Health Economics, Health Care Financing and Health Policy**

The 'Post Graduate Diploma in Health Economics, Health Care Financing and Health Policy' was launched from the Indian Institute of Public Health-Delhi on 24th November 2008 and was successfully completed on 31st August 2009. This post graduate diploma is a 9 month semi-residential course designed mainly for mid-career professionals. The overall goal of this course is to increase awareness and an appreciation of an economics perspective to various health system issues. It provides a basic understanding of key issues in health economics and economic



evaluation for informed decision and policy-making. This course is designed to become an important tool for public health policy-making with a strong economic framework. It is a response to a felt need for training and higher knowledge in health economics. In the second consecutive year (2009-2010), the post graduate diploma in health economics, health care financing and health policy at the Indian Institute of Public Health (IIPH)- Delhi is in progress.

**Dates:** 14th September 2009-16th June 2010

**Course coordinator:** Beena Varghese (2008-2009), Kabir Sheikh(2009-2010)

**Profile of students:** There are government nominated and self-sponsored candidates. The educational background of the students includes MBBS, MBA, BAMS, PG in Statistics, Journalist and Bachelors in Physiotherapy

**Academic fees: 2 lakhs**

**Course Modules:** The course follows a modular structure. The course modules are: Introduction to public health and policy, introduction to health research, introduction to health economics & microeconomics, introductory epidemiology, introductory statistics, epidemiology core, economic evaluation, health financing, applied statistics, health policy, health systems, pharmaceutical economics, public health seminar series, project work and report preparation

## Post Graduate Diploma in Clinical Research

The 'Post Graduate Diploma in Clinical Research' was launched from Indian Institute of Public Health-Delhi, on 31st August 2009. This diploma is a one year program, inclusive of a 2 month internship. It is designed to focus on the scientific, ethical and operational issues related to clinical research. The course structure is planned in a modular manner requiring an intensive year long institution based teaching.

**Dates:** 1st August 2009- 30th August 2010

**Course coordinator:** Sutapa B. Neogi

**Profile of students:** The educational background of the enrolled students includes MBBS, BDS, BAMS, Bachelors in Physiotherapy

**Fees:** 2.5 lakhs

**Modules:** The multi disciplinary curriculum includes the following broad content areas: foundation course, research

# Hindustan Times

WEDNESDAY, APRIL 22, 1998

Price along with Hindustan Rs. 5.00 / Price along with Metro Rs. 1.75

NEW DELHI • METRO

# Education Mail

New Delhi ■ Tuesday, April 28, 2009 ■ Pages 4

Free with MAIL TODAY

## News Alerts

### Diplomas in public health

THE Public Health Foundation of India, which has campuses in Gurgaon, Gandhinagar, Hyderabad and Shillong, has called for applications for PG diplomas in Health Economics, Health Care Financing and Health Policy; Public Health Management; and Clinical Research. The first diploma programme is for nine months; the ones for public health management and clinical research stretches for a year. Check out [www.phfi.org](http://www.phfi.org) for more details.



methodology, ethics of research, clinical trials, pharmaceutical industry and drug discovery, operational issues in clinical trials, drug safety and pharmaco-vigilance, drug regulatory affairs, special type of clinical trials, management and communication skills.

## **Proposed Academic Programs for 2010 -2011**

### **Masters in Public Health**

The 'Masters in Public Health' (MPH) is a two year intensive degree program. The Masters in Public Health is a 50-credit course, over four semesters and two years with basic courses in first two semesters, practicum at the end of the second semester, specialization courses in the third semester and thesis writing in the fourth semester. MPH offers multidisciplinary education which will impart a broad appreciation of the multiple determinants of health (especially the social determinants) and the skill sets needed for designing and implementing a broad range of multi-sectoral actions required to advance public health. It is thus, a unique curriculum not restricted to biomedical domain or technology intensive model of healthcare. This program benefits from a wide range of international partnerships including public health training and research institutions from all parts of the world.

The objectives of the MPH curriculum are: to train personnel in program organization and management, problem solving, and critical thinking in the public health domain; To promote public health research in institutional and field settings; to prepare health professionals to work in socially, culturally and economically diverse populations by being attentive to the needs of vulnerable and disadvantaged groups; to promote qualities of leadership among public health professionals and effectively use communication skills for health advocacy and to train in teaching and training of issues related to public health.

**Course Development:** Alka Agarwal Singh (2008-2009), Shifalika Goenka

## **Proposed Distance Learning Courses**

### **Epidemiology Distance Learning Course**

PHFI will offer a distance learning course in epidemiology. Those interested in learning the basic concepts and skills in epidemiology, but unable to join a formal classroom based course can enroll for this distance programme. It offers modules on six focus areas: basic epidemiology, practical epidemiology, computer based statistics, communicable diseases, non-communicable diseases and writing research papers.

Diploma in Public Health Nutrition will target front-line workers and healthcare professionals. Using distance learning technology to train both mid-career and entry-level cadre, it will help in establishing a strong foundation for research and ensure capacity for program sustainability.

**Post-Graduate Diploma in Health Promotion:** PHFI web-enabled learning would be an innovative segway into the distance learning arena for officials and the community of practice. This course will be launched in 2010 in collaboration with the Ministry of Health & Family Welfare (MoHFW), Government of India.



## Distance Learning Delivery Modes

**Web-conferencing solutions (e-classroom and e-meeting):** Internet connectivity in far-flung areas is a challenge but it does not require infrastructure investment. Content will be delivered synchronously through satellite based internet: PHFI's goal is to provide optimally interactive, creative and interesting on-line content that will engage learners.

**Videoconferencing:** this technology would be used to network PHFI with the Indian Institutes of Public Health.

### E-modules for virtual teaching

Forty 'E-modules', delivered by 27 eminent public health specialists and national policy makers, have been recorded. The CDs/DVDs have been dispatched to various institutes. Medical Officers, from 35 states, across India, doing their Post-Graduate Diploma in Public Health Management, can view, absorb and benefit from it, starting with the current batch of 2009-2010 at the following 7 institutes: The Indian Institutes of Public Health(IIPH's)- Delhi, Gandhinagar, Hyderabad; Mahatma Gandhi Institute of Medical Sciences(MGIMS)- Wardha; National Institute of Health and Family Welfare(NIHFW)- New Delhi, Jawaharlal Lal Institute of Post Graduate Medical Education and Research(JIPMER)- Puducherry, and All India Institute of Hygiene and Public Health (AIIPH)- Kolkatta.

This initiative was initiated and sponsored by the Ministry of Health and Family Welfare(MoHFW), Government of India in association with other partner institutes- Mahatma Gandhi Institute of Medical Sciences (MGIMS)- Wardha; National Institute of Health and Family Welfare(NIHFW)- New Delhi, Jawaharlal Lal Institute of Post Graduate Medical Education and Research(JIPMER)- Puducherry, and All India Institute of Hygiene and Public Health (AIIPH)- Kolkatta.









# WORKSHOPS & TRAINING

Conducted by IIPH-Delhi, Gandhinagar, Hyderabad and PHFI



Regulation workshop-IIPH Hyderabad, participants and faculty



Workshop-IIPH Gandhinagar, participants and faculty



Workshop on qualitative methods-- IIPH Gandhinagar, participants and faculty





Workshop on quantitative methods-- IIPH Gandhinagar, participants and faculty



Tranning programme for the state and district Rapid Response Teams (RRT) at IIPH-Hyderabad towards surveillance, outbreak investigation and preparedness



Trainning of participants in Health Management Information Sysstem at IIPH-Gandhinagar



**TITLE:****MALARIA TRAINING (NVBDCP)**

<b>Technical domain:</b>	Infectious Diseases (Malaria)
<b>Location:</b>	IIPH-Delhi
<b>Dates/Duration:</b>	July 2009-December 2009
<b>Description:</b>	PHFI has been commissioned by the National Vector Borne Disease Control Program (NVBDCP) to develop a competency based training curriculum for district level managers of NVBDCP. The training is a 3 month induction training to be jointly delivered by PHFI, National Institute of Malaria Research and National Institute of Communicable Diseases and will be supported by a World Bank grant. Fifty participants, from 50 Districts are to be trained in two batches, first batch of 26 participants are presently undergoing training.
<b>Funding body:</b>	National Vector Borne Disease Control Program
<b>Budget:</b>	1.44 Crores INR

**TITLE:****MEASURE EVALUATION – IMPACT EVALUATION**

<b>Technical domain:</b>	Monitoring and Evaluation
<b>Location:</b>	Delhi
<b>Date/Duration:</b>	October 2009
<b>Description:</b>	The workshop will provide intensive training in the concepts of program evaluation and in the tools and techniques for evaluating program impact. 30 participants are expected to be part of this upcoming workshop.
<b>Funding body:</b>	University of North California
<b>Budget:</b>	167,950 USD (83.9 Lakhs INR)



**TITLE:****SILICA WORKSHOP****Technical domain:**

Workplace interventions

**Location:**

IIPH-Delhi

**Date/Duration:**

December 2009

**Description:**

The proposed workshop will provide information related to reduction of silica-related disease, improvements in work and living environments; disseminate information on successful pilot programmes that have proven to reduce reparable silica exposures in stone crushing mills in India; build technical capacity among key stakeholders, including relevant government offices, to coordinate silica dust reduction programmes.

**Funding body:**

The workshop is expected to have 70 participants

**Budget:**

OK International

9,765 EURO (26 Lakhs INR)

**TITLE:****INDO - US DIABETIC COALITION****Technical domain:**

Chronic Diseases

**Location:**

Delhi

**Date/Duration:**

February 14-15 2009

**Description:**

The Indo-US Diabetic Coalition is working together to draw attention to the alarming and growing incidence of diabetes among Indians to effect social and behavior change, especially in the young. It seeks to achieve this through awareness and education about diabetes, its complications and lifestyle innervations, to effect policy changes that would help reduce the burden of diabetes among young Indians and to strive to delay the onset of diabetes for future generations of Indians.

**Funding body:**

To kick start this plan, a summit was held on 14-15 Feb 2009 at the All India Institute of Medical Sciences in New Delhi. The Public Health Foundation of India (PHFI) served as the secretariat of the first summit and is a leading member organization of the Coalition. MSD Pharmaceuticals Pvt Ltd & American India Foundation

**Budget:**

14.6 Lakhs INR



**TITLE:****TRAINING OF RAPID RESPONSE TEAMS**

<b>Technical domain:</b>	Surveillance, outbreak investigation & preparedness
<b>Location:</b>	IIPH –Hyderabad
<b>Date/Duration:</b>	May & June 2009
<b>Description:</b>	<p>Upon request and with active support of Andhra Pradesh Directorate of Health Services, IIPH Hyderabad conducted a 9-days training program for the state and district Rapid Response Teams (RRT). District Surveillance Officers, Medical Officers, Laboratory, Technicians, Health Supervisors and Health Educators were trained. The focus of the training was development of a systematic step-wise approach in an outbreak or epidemic investigation, control and preparedness measures.</p> <p>A total of 87 participants were trained in 3 batches of 3 days each.</p>
<b>Funding body:</b>	Director of Health, Government of Andhra Pradesh
<b>Budget:</b>	8.87 Lakhs INR

**TITLE:****STATE LEVEL TRAINING WORKSHOP ON DATA TRIANGULATION**

<b>Technical domain:</b>	Communicable Diseases
<b>Location:</b>	IIPH-Hyderabad
<b>Date/Duration:</b>	August 2009
<b>Description:</b>	<p>This training workshop helped meet National AIDS Control Organization's plan to building the capacity of the state and district program managers and Monitoring and Evaluation staff in data analyses, triangulation and use for program review and planning.</p> <p>The workshop was conducted for 3 days and a total of 49 participants participated.</p>
<b>Funding body:</b>	Indian Health Action Trust
<b>Budget:</b>	8.0 Lakhs INR



**TITLE:****WORKSHOP ON RESEARCH METHODS**

<b>Technical domain:</b>	Research Methods; Capacity building
<b>Location:</b>	IIPH – Gandhinagar
<b>Date/Duration</b>	March and April 2009
<b>Description:</b>	<p>These workshops were designed to build research capacity of health and development professionals in qualitative and quantitative research methods to design and use systematic qualitative research studies. The capacity building workshop was done in 3 batches for the Ahmedabad Municipal corporation.</p> <p>The program was attended by 84 participants-- faculty members from medical colleges; research staff from Gujarat State AIDS Control Societies (GSACS), Tata Institute of Social Sciences (TISS), NGOs, and other Professional Organizations.</p> <p>The capacity building workshop had 57 participants</p>
<b>Funding body:</b>	Indian Council of Medical Research (ICMR), Council for Scientific and Industrial Research, National Academy of Medical Sciences (NAMS), Gujarat State AIDS Control Society (GSACS); Ahmedabad Municipal corporation
<b>Budget:</b>	2.9 Lakhs INR

**TITLE:****NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE) WORKSHOP**

<b>Technical domain:</b>	Health Care Safety
<b>Location:</b>	IIPH – Hyderabad
<b>Date/Duration:</b>	August, 2009
<b>Description:</b>	<p>This workshop explored how evidence based medicine could be established uniformly across the health care sector in Andhra Pradesh. The objective of the workshop was to explore how to improve the safety of healthcare in AP and to agree on a road map to take forward the development of guidelines for care in priority areas.</p> <p>Total number of participants were 45 and included senior officials of the government of Andhra Pradesh, representatives from government and private hospitals</p>
<b>Funding body:</b>	Department of Health, England
<b>Budget:</b>	2.4 Lakhs INR



**TITLE: USING MANAGEMENT TOOLS TO IMPROVE DISTRICT HEALTH SERVICES**

Technical domain:	Health Management
Location:	Jammu
Date/Duration:	May 2009
Description:	This training was designed to impart management skills to district level medical officers within NRHM. 22 participants were trained under this program.
Funding body:	Jammu & Kashmir Government
Budget:	2 Lakhs INR

**TITLE: SUMMER SHORT TERM TRAINING PROGRAM**

Technical domain:	Research Methods
Location:	IIPH – Hyderabad
Date/Duration:	June & July, 2009. Courses ranged from 3-10 days.
Description:	The course modules aimed to give the learners an opportunity to understand, apply, analyze, and evaluate their critical thinking in the field of research with special emphasis on development of soft skills. The week long programming courses in SAS, SPSS, Stata, Excel were aimed at giving working professionals and fresh graduates an edge for career advancement. 50 participants (medical doctors, anthropologists, medico social work experts) were trained within this program.
Funding body:	Self Sponsored
Budget:	1.48 Lakhs INR



**TITLE:****WORKSHOP ON ETHICAL ISSUES IN BIO-MEDICAL RESEARCH****Technical domain:**

Bioethics (Workshop / Training)

**Location:**

IIPH – Gandhinagar

**Date/Duration:**

May 2009

**Description:**

This workshop provided information related to ethical issues in biomedical research, with special focus on clinical, epidemiological and social science research. The program was attended by 29 participants, most were residents and faculty from Medical colleges.

**Funding body:**

Indian Council of Medical Research (ICMR), National Academy of Medical Sciences (NAMS)

**Budget:**

1.31 lakhs INR

**TITLE:****INDIAN CONFEDERATION FOR HEALTHCARE ACCREDITATION (ICHA) PATIENT SAFETY INITIATIVE****Technical domain:**

Global Patient Safety Challenges

**Location:**

IIPH – Hyderabad

**Date/Duration:**

May, 2009

**Description:**

Indian Confederation for Healthcare Accreditation is working closely with the WHO - World Alliance for Patient Safety, National Patient Safety Agency and IIPH, Hyderabad to gather support for the initiative. The specific goal of this training was to promote the adoption of the first two Global Safety priorities: "Clean Care is Safer Care" and "Safe Surgery Saves Lives" checklist.

125 participants, including medical superintendents and senior nursing staff of government and private hospitals in Hyderabad were the participants.

**Funding body:**

WHO Patient Initiative

**Budget:**

45,000 INR



**TITLE:****WORKSHOP ON PATIENT SAFETY**

<b>Technical domain:</b>	Health care and Service quality
<b>Location:</b>	Hyderabad
<b>Date/Duration:</b>	10th February 2009
<b>Description:</b>	This workshop was facilitated by experts from WHO-SEARO, National Health Service (NHS) and National Accreditation Board for Hospital and Healthcare Providers (NABH). The objective of the workshop was to sensitize medical superintendents and resident medical officers (in emergency services, MCH Services, O.T. Services and laboratory services) on health care and service quality. 45 participants were trained at the workshop.
<b>Funding body:</b>	Government of Health and Family Welfare, Andhra Pradesh
<b>Budget:</b>	45,000 INR

**TITLE:****SYMPOSIUM ON "WORKSITE WELLNESS INITIATIVE: PROMOTING SMOKE-FREE WORKPLACES IN INDIA"**

<b>Technical domain:</b>	Tobacco Control
<b>Location:</b>	Mumbai, Maharashtra
<b>Date/Duration:</b>	March 9, 2009
<b>Description:</b>	As a follow up to the workshop on worksite wellness held on February 10, 2009, this symposium was held in collaboration with Health Related Dissemination Amongst Youth (HRIDAY), and in tandem with the 14th World Conference on Tobacco or Health. Collaborating partners in this initiative were the American Cancer Society, the World Economic Forum, the Asian Heart Institute and Research Centre and the Indian Association of Occupational Health. This symposium was organized to address the need for larger engagement of the corporate sector in the worksite wellness initiative and to mobilize involvement of CEOs and top management from corporate offices across the country to discuss worksite wellness, promote smoke-free workplaces in India and to urge domestic and multinational companies based in India to declare their

*continued...*



workplaces smoke-free.  
29 corporate houses were represented at the symposium and 33 signatures to the Statement of Commitment have been received from corporate houses nationwide, till date.  
Funding was through the Bloomberg Initiative.

**TITLE:**

**WORKSHOP ON WORKSITE WELLNESS WITH HR MANAGERS AND CHIEF MEDICAL OFFICERS: FOCUS ON SMOKE-FREE WORKPLACES**

**Technical domain:**

Tobacco Control

**Location:**

New Delhi

**Date/Duration:**

February 10, 2009

**Description:**

The WHO and the World Economic Forum entrusted PHFI with the responsibility of coordinating the worksite wellness programmes in India. This workshop was organized as the first step towards fulfilling this responsibility, in collaboration with Health Related Dissemination Amongst Youth (HRIDAY) and on behalf of Advocacy Forum for Tobacco Control. Collaborating partners in organizing this workshop were World Economic Forum, American Cancer Society, Confederation of Indian Industry (CII) and the International Union against Tuberculosis and Lung Disease (The Union). The objective of this workshop was to involve a host of important corporate stakeholders and to make health and wellness programmes an integral part of their companies' strategic development plan. It laid emphasis on the need for companies to join hands in correcting detrimental health behaviours by creating congenial and pollution free workplace environments and that these goals can be achieved if companies provide resources, encouragement and awareness to support regular physical activity, maintenance of healthy diets and the avoidance of tobacco use at workplaces. There were 30 participants and 6 resource persons at the workshop. The report for the workshop has been compiled.  
Funding was through the Bloomberg Initiative



<b>TITLE:</b>	<b>NATIONAL ADVOCACY WORKSHOP ON TOBACCO CONTROL LAWS AND RELATED ISSUES IN INDIA</b>
---------------	---

<b>Technical domain:</b>	Tobacco Control
<b>Location:</b>	New Delhi
<b>Date/Duration:</b>	September 9 & 10, 2008
<b>Description:</b>	<p>This National Advocacy workshop for law enforcers from various Government departments (responsible for implementing the tobacco control law) was organized by PHFI on behalf of the Ministry of Health &amp; Family Welfare, Government of India, and in collaboration with World Health Organization. Stakeholders of national and state level law enforcement agencies (Police, Health authorities, Customs and Central Excise Officers, School officials etc.) were urged to develop an enforcement action plan for more effective implementation of the Cigarettes and Other Tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production Supply and Distribution) Act] (COTPA) 2003 within their spheres of influence and in adherence to Framework Convention on Tobacco Control provisions. Over 200 stakeholders participated at this first-ever pan-India advocacy workshop for tobacco control. The event was followed by a press conference addressed by the Hon'ble Minister of Health &amp; Family Welfare, Government of India, Dr. Anbumani Ramadoss and other speakers. The final technical report of this workshop has been submitted to the Ministry of Health &amp; Family Welfare, Government of India.</p>
<b>Funding body:</b>	WHO India Office
<b>Budget:</b>	35.9 lakhs INR

<b>TITLE</b>	<b>FIELD EPIDEMIOLOGY TRAINING PROGRAM</b>
--------------	--

<b>Technical domain:</b>	Field Epidemiology
<b>Location:</b>	IIPH - Delhi
<b>Date/Duration:</b>	2 weeks each (November, 2008, December, 2008 and January, 2009)
<b>Description:</b>	The Integrated Disease Surveillance Project within

continued...



	<p>National Institute of Communicable Diseases has developed a 2-week course for district surveillance officers which is competency-based and is implemented with the technical support of WHO.</p> <p>46 District Surveillance Officers from States of Karnataka, Meghalaya, Tamil Nadu, and Uttarakhand have been trained.</p>
Funding body:	MoHFW
Budget:	18 Lakhs INR

TITLE	CAPACITY BUILDING WORKSHOP ON TOBACCO CONTROL FOR STATE PROGRAMME MANAGERS AND NODAL OFFICERS
Technical domain:	Tobacco Control
Location:	National Institute of Health & Family Welfare (NIHFW), New Delhi.
Date/Duration:	June 30-July 5, 2008
Description:	<p>PHFI in partnership with MOHFW, Gol, World Health Organization and Johns Hopkins School of Public Health (JHSPH) organized a 6-day capacity building workshop to orient state nodal officers on tobacco control and to assist their state action plan formation. The workshop was conducted in order to equip state officers with program implementation skills to effectively implement tobacco control goals in India. This was a customized, interactive training program and imparted skills and techniques to facilitate understanding of the tobacco epidemic in India, the National Tobacco Control Programme and the tobacco legislation in India vis a vis the provisions of the WHO-FCTC (Framework Convention on Tobacco Control). The workshop facilitated planning, implementation, monitoring and evaluation skills related to state level tobacco control programs and exposed the participants to advocacy, leadership and networking skills to build multi-stakeholder partnerships at the state level.</p> <p>24 state program managers from 24 Indian States participated in this workshop and 25 resource persons were involved in training these state nodal officers.</p>



	The final technical report of this workshop has been submitted to the Ministry of Health & Family Welfare, Government of India.
Funding body:	Bloomberg Global Initiative (now Bloomberg Initiative) and WHO (India Office)
Budget:	8.25 lakhs INR

TITLE		EXPERT GROUP CONSULTATION TO DISCUSS THE APPLICATION OF GEOGRAPHIC INFORMATION SYSTEMS (GIS) IN PUBLIC HEALTH PRACTICE
Technical domain:		Vector Control/Infectious diseases
Location:		Delhi
Date/Duration:		September 29, 2008
Description:		Worldwide Geographic Information Systems have been used in different innovative ways for harnessing information gathering and visual depiction potentials of the tool ranging from choropleth mapping of health service access features by National Informatics Centre to malaria vector modeling by the National Institute of Malaria Research. The usefulness of GIS as a study tool has recently gained recognition and it was decided to harness the potential for using analytical features of GIS in different sectors in India.

TITLE		ROADMAP FOR COMBATING ZONOSSES IN INDIA (RCZI)– NATIONAL BRAINSTORMING CONSULTATION
Technical domain:		Infectious Diseases
Location:		Delhi
Date/Duration:		June 13, 2008
Description:		Prevention and control of zoonotic diseases are of growing national and international significance with regard to health, food safety, trade, security and economics. Key strategies introduced at the meeting include establishing coordination mechanism to strengthen multi-sectoral collaboration; advocacy & communication to raise awareness on zoonoses; foster

continued...



	collaborative research networks, undertake research and capacity building focused on 'One Health' concept. PHFI has been unanimously appointed as the nodal agency for the RCZI initiative.
<b>Funding body:</b>	WHO India
<b>Budget:</b>	10,000 USD (4 lakhs INR)

TITLE		STRENGTHENING HEALTH CARE QUALITY AND SAFETY IN ANDHRA PRADESH
<b>Technical domain:</b>		Health care and Service quality
<b>Location:</b>		IIPH – Hyderabad
<b>Date/Duration:</b>		5th November 2008
<b>Description:</b>		Andhra Pradesh Vaidya Vidhana Parishad (ABVVP) & IIPH-Hyderabad organized a one day seminar followed by a round table workshop on "Strengthening Health Care Quality and Safety in A.P." as part of the DFID Supported AP Health sector reform program, in collaboration with the National Health Service – United Kingdom and UK National Patients Safety Agency.
<b>Funding body:</b>		Government of Health and Family Welfare, Andhra Pradesh
<b>Budget:</b>		80,000 INR

TITLE		TRAINING IN BIOSTATISTICS WITH R STATISTICAL PROGRAM
<b>Technical domain:</b>		Biostatistics
<b>Location:</b>		Chatrapati Shivaji Sahuji Maharaj Medical College, Lucknow
<b>Date/Duration:</b>		March 20 – 25, 2008
<b>Description:</b>		Training on basic concepts of bio-statistical research, and training on 'R'. 40 Clinical researchers, Biostatistics post graduates attended this training.
<b>Funding body:</b>		Chatrapati Shivaji Sahuji Maharaj Medical University (CSSMU)



**TITLE****FIRST NATIONAL CONSULTATION ON SOCIETY & HEALTH: RESEARCH PRIORITIES**

<b>Technical domain:</b>	Social Determinants
<b>Location:</b>	New Delhi
<b>Date/Duration:</b>	3rd March 2008
<b>Description:</b>	The objective of this consultation was to bring all stakeholders on the same table and to discuss the importance of exchanging knowledge and the possibilities of forming a network for society and health with the institutions and research groups already engaged in the research. The participants made brief presentations on conceptual and methodological challenges in the area, followed by a brainstorming session on the need for such a network.

**TITLE****GLOBAL CONSULTATION ON RESEARCH FOR IMPROVED POLICY**

<b>Technical domain:</b>	Health policy
<b>Location:</b>	Delhi
<b>Date/Duration:</b>	December 2007 – January 2008
<b>Description:</b>	International Expert group consultation to advocate for and identify mechanisms and pathways for conducting program and policy relevant research- "research for improved policy".
<b>Funding body:</b>	Global Forum for Health Research
<b>Budget:</b>	35,000 USD (17.5 Lakh)



TITLE	TEACHING SEMINAR ON NUTRITION RESEARCH METHODS
<b>Technical domain:</b>	Nutrition
<b>Location:</b>	Institute of Social and Industrial Development, New Delhi
<b>Date/Duration:</b>	Nov 2007
<b>Description:</b>	The seminar trained 15 participants (researchers, NGO staff, and medical students) in nutrition related research methodology, including nutritional epidemiology, research study designs and translation of research results into policy recommendations based on critically reviewed evidence.



# RESEARCH INITIATIVES

## HEALTH SYSTEMS, HEALTH ECONOMICS, FINANCE

**TITLE:** DEVELOPING AN INVESTMENT CASE FOR SCALING UP EQUITABLE PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOALS (MDGS) 4 AND 5 IN ASIA PACIFIC REGION

**Technical domain:**

Health systems/Health Economics

**Location:**

Orissa, Madhya Pradesh, Jharkhand, Uttar Pradesh and Chhattisgarh.

**Date/Duration:**

March 2009 – Dec 2010

**Description:**

The Bill and Melinda Gates Foundation and AusAID are funding the development of Maternal, Newborn and Child Health (MNCH) Investment Cases in 5 countries in Asia and Pacific, including in 5 States in India. The States in India where this study will be conducted are Orissa, Uttar Pradesh, Madhya Pradesh, Jharkhand and Chhattisgarh. This study is a joint collaboration of PHFI and University of Melbourne, Australia

The goal of this project is to build sub-national (State and District level) evidence required to (a) identify the main health system constraints and bottlenecks hampering the scaling-up of the “best-buy range of interventions” required to achieve equitable progress on MDGs 4 and 5, and (b) estimate the additional funding required to effectively address these constraints and bottlenecks.

The study is divided in to two phases—Phase 1 focuses on mapping of information related to Maternal Neonatal and Child health from the five focus states and across India. The expected outcome of Phase 1 is a report summarizing all information. The report is in its final stages.

The Phase 2 of this study will focus on estimating the investment required to scale up of proven series (“best-buy”) of MNCH interventions and will analyze the costs of mitigating health system bottlenecks in achieving MDGs 4 & 5 in the 5 selected states in India. This work will be in done in close collaboration with the state governments. Phase 2 contracts are under development.

*continued...*



**Funding body:**

The Bill and Melinda Gates Foundation and AusAID  
(through University of Queensland)

**Budget:**

Phase 1: 22,823 AUD (8.5 Lakhs INR) ; Phase 2: 320,000  
AUD (1.31 crores INR)

**TITLE:**

# **CAN DOCTORS BE REPLACED? EVALUATING INCENTIVES AND PERFORMANCE OF DIFFERENT CADRES OF PRIMARY HEALTH CARE PROVIDERS IN RURAL INDIA**

**Technical domain:**

Human Resources for health

**Location:**

Chhattisgarh, multi-state

**Date/Duration:**

March 2009 – March 2010

**Description:**

The lack of adequate human resources, in terms of quality and quantity, in rural areas to deliver healthcare is an issue of great concern in the Indian Public Health system. This study aims at evaluating incentives offered to, and the performance of different cadres of Primary Health Care providers in rural India, especially in the state of Chhattisgarh. The study uses quantitative and qualitative methods, and through its findings, provides new policy directions for the recruitment and retention of health workers in rural health facilities. It aims to achieve the above by documenting incentives offered by states in India to recruit and retain different cadres of health workers at rural health facilities; comparing the performance of PHCs headed by AYUSH (Ayurveda, Unani, Siddha and Homeopathy) physicians, contractual doctors and paramedical staff with those run by regularized government medical doctors in Chhattisgarh. Currently, the survey for the study has been completed by trained surveyors. Data entry and analysis is under progress. Qualitative interviews of doctors and nurses have been completed, and analysis, in order to understand in depth factors influencing the decision of health workers to serve in rural areas, is being done.

**Funding body:**

Alliance for Health Policy and Systems Research and the Human Resources for Health

**Budget:**

150,000 USD ( 60 Lakhs INR)



TITLE:		COST ANALYSIS OF A PILOT PROJECT FOR PREVENTION OF MATERNAL AND INFANT MORTALITY IN UTTAR PRADESH AND MAHARASHTRA (SURESTART)
Technical domain:	Health Economics	
Location:	Uttar Pradesh and Maharashtra	
Date/Duration:	July 2009 - March 2010	
Description:	<p>The Sure Start Project, launched by PATH has been designed to complement and support the Government of India’s commitment to improving maternal and newborn health through the National Rural Health Mission. The project is operational in seven districts of rural Uttar Pradesh and seven cities of Maharashtra. In Uttar Pradesh (UP), the project uses a combination of three activities (viz. advocacy, behavior change through community mobilization and post-natal care by ASHA) at differing level of intensity for each activity. In Maharashtra, the project is targeted at the urban poor and includes interventions through municipal corporations; health financing models; use of volunteers etc all these designed to improve maternal and child health outcomes. The overall objective of this study is to estimate the costs of implementing these interventions in UP and in Maharashtra and also to estimate the costs for replication of these interventions. These cost estimates then may be used towards an overall evaluation and estimation of cost-effectiveness of these interventions in India. The study protocols are completed and data collection is to be initiated</p>	
Funding body:	PATH (Program for Appropriate Technology in Health)	
Budget:	136,474 USD (68.2 Lakhs INR)	



**TITLE:****MOBILITY OF HEALTH PROFESSIONALS****Technical domain:**

Human resources, International Migration

**Location:**

New Delhi

**Date/Duration:**

June 2009- November 2010

**Description:**

A global study on the mobility of health professionals is being done in 25 countries worldwide, by international health service organizations and scientific institutes, and is funded by the European Commission within the Seventh Framework Programme. The Indian Chapter of the study is being conducted by the Public Health Foundation of India. The general objective of the project is to investigate and analyze current trends of mobility of health professionals to, from and within the European Union, including return and circular migration. The project also plans to determine the impact of different types of migration on national health systems in a comparative perspective. Its policy dimension comprises the development of recommendations on human resource policies in European and third countries.

Data collection and analysis for the study has been done, and the final report is being compiled. The report is to be submitted by the 30th of September 2009.

**Funding body:**

WIAD (Wissenschaftliches Institut der Ärzte Deutschlands)

**Budget:**

39,375 EURO ( 26 Lakhs INR)



**TITLE:****IMPROVING GOVERNANCE AND ACCOUNTABILITY  
IN MEDICINE SUPPLY IN INDIA****Technical domain:**

Health Economics

**Location:**

Delhi

**Date/Duration:**

June 2009- October 2010

**Description:**

Inefficiencies and inequities in public health financing and delivery are responsible for impeding access to medicines in developing countries. Inefficiency in medicine selection, public procurement, distribution, prescription and dispensing of drugs could arise due to poor governance and lack of transparency. We intend to document the framework and process of drug financing, procurement and distribution at the central government level and few state governments. We will also analyze the current financing, selection, procurement, distribution and dispensing pattern of drug spending in two Indian states, and bring out policy suggestions and detailed action plans for implementation.

**Funding body:**

The Research and Development Institute, Washington

**Budget:**

49,857 USD (24.9 Lakhs INR)

**TITLE:****ECONOMIC EVALUATION OF NON COMMUNICABLE  
DISEASES COMPONENT TAMIL NADU HEALTH  
SYSTEM PROJECT (TNHSP)****Technical domain:**

Health Economics

**Location:**

Tamil Nadu

**Date/Duration:**

July 2009 - October 2009

**Description:**

Non-communicable diseases (NCDs) are emerging in India as a major health issue. Effective interventions for NCD prevention and control are now available. In order to increase the evidence-base for NCD prevention and control in India, the Tamil Nadu Health Systems Project conducted pilot programs in prevention, screening and treatment for hypertension and cancer of cervix in two districts in Tamil Nadu. This study focuses on estimation of programmatic costs related to two projects and will provide estimates of cost per case

*continued...*



	<p>screened and treated. These estimates could be used towards development of a cost-effectiveness analysis depending on availability of the effectiveness data from the project.</p> <p>The study is underway and cost data collection has been initiated.</p>
<b>Funding body:</b>	Tamil Nadu Health System Project
<b>Budget:</b>	8.1 Lakhs INR

<b>TITLE: EQUITY ANALYSIS IN HEALTHCARE FINANCING AND SERVICE DELIVERY IN THE ASIA-PACIFIC REGION.</b>	
<b>Technical domain:</b>	Healthcare financing and service delivery
<b>Location:</b>	Delhi
<b>Date/Duration:</b>	October 2008 – September 2010
<b>Description:</b>	<p>This project is a multi-country study on utilization and financing of Health Care. The specific objectives of the study are to expand the evidence base on catastrophic costs and equity in use of health services in Asia-Pacific region, with an emphasis on extending coverage to Pacific and Mekong countries. The project also estimates total (including government), household and catastrophic spending for Maternal and Child Health and analyzes system determinants of catastrophic costs. The project also aims at improving current methods used in national estimates of MCH and household spending. The project has been initiated successfully and is currently under progress.</p>
<b>Funding body:</b>	IDRC – AusAID – ADB
<b>Budget:</b>	17,600 CAD (6.9 Lakhs INR)



**TITLE:****ACCESS TO MEDICINES IN INDIA****Technical domain:**

Health financing

**Location:**

INDIA (Multi Country)

**Date/Duration:**

May 2009 – December 2009

**Description:**

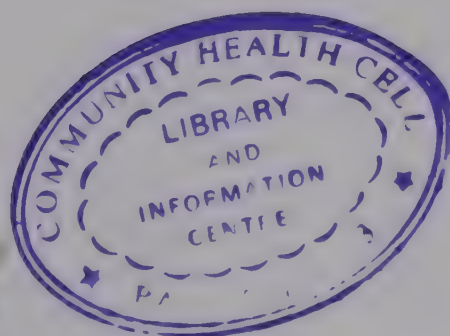
Medicines account for a sizeable share of overall health expenditure in India. Due to a poor public health system and an unregulated private sector, with virtually no social health insurance, households in India are increasingly bearing the burden of catastrophic health expenditure, with drugs accounting for a major share. This project aims at mapping gaps in literature on the access to medicine debate and developing a comprehensive report covering the entire gamut of issues as regards the access to medicines scenario in India. The project aims at generating a comprehensive document which will provide strong evidence to help multiple stakeholders strategize their decisions. The project is in its advanced stages and the report is expected to be released in December 2009.

**Funding body:**

Oxfam, GB, routed through CENTAD

**Budget:**

5.5 Lakhs INR



CPHE

L1107  
PH-100  
D20



PUBLIC HEALTH LAW

TITLE: LEGAL EMPOWERMENT OF THE URBAN POOR	
Technical domain:	Public Health Law
Location:	Delhi
Date/Duration:	March 2009 - September 2010
Description:	PHFI believes that legal empowerment facilitates increased accessibility to basic services (including health, water and sanitation). Legal empowerment implies knowing ones rights and knowing how to access ones entitlement. This project focuses on enhancing accessibility of legal structures for urban poor to contribute towards elimination of global poverty. To increase such accessibility, PHFI will contribute to capacity building of the community by 'Training of Trainers (TOT)'. The core focus areas of legal empowerment are access to basic social services like health, water and sanitation, and dissemination of knowledge on legal entitlements (legal literacy). Under the project, an expert consultation meeting of major stakeholders has been held, wherein the key focus areas of the project were determined. Partners have been identified for the project, and the scope of their work has been defined. Needs assessment has been initiated in the field areas.
Funding body:	American Bar Association , under its World Justice Forum Project
Budget:	60,000 USD (24 Lakhs INR)



TITLE:

A STUDY ON THE IMPLEMENTATION OF THE  
PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC  
TECHNIQUES (PCPNDT) ACT

Technical domain:	Public Health Law
Location:	India (18 States)
Date/Duration:	August 2008- October 2009
Description:	<p>The goal of the project is to assess implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 by reviewing cases that have been filed by the state under it. The geographic areas of focus for this study are the 18 high burden states and union territories of India, where sex ratios are a major cause for alarm and anxiety, and where interventions are required on priority: Andhra Pradesh, Assam, Goa, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu, West Bengal, Delhi, Uttarakhand, Uttar Pradesh, Orissa, Bihar and Jharkhand.</p> <p>The project is in advanced stages, and field work has been completed in all the states. Draft reports for each state are currently being compiled, and a second round of investigations is being done wherever necessary.</p>
Funding body:	National Human Rights Commission
Budget:	18.5 Lakhs INR



## INFECTIOUS DISEASES

**TITLE:**

**ASSESSMENT OF HIV INCIDENCE AND ITS DETERMINANTS IN A POPULATION - BASED LONGITUDINAL COHORT STUDY IN INDIA.**

**Technical domain:**

Epidemiology

**Location:**

Guntur, Andhra Pradesh

**Date/Duration:**

July 2009 - August 2011

**Description:**

This study is first of its kind in India that will fill several key gaps in the evidence base needed for the understanding of HIV transmission and control in high HIV prevalence regions of India. The study will be conducted in Guntur, Andhra Pradesh. It will provide data to analyze new HIV infections and their determinants at the population level, bias in sexual behavior reporting, and barriers to HIV interventions. Rigorous field, laboratory and statistical methods are being used in this study.

The study is in preparatory phase, and plans and logistics for implementation of the study are currently in progress. Data collection tools are being formulated.

**Funding body:**

CHAUQ (Centre Hospitalier Affilié Universitaire de Québec)

**Budget:**

300,000 USD ( 1.5 Crores INR)



**TITLE:****BUILDING INTER-SECTORAL TRAINING AND RESEARCH CAPACITY FOR COMBATING ZOO NOTIC INFECTIONS IN INDIA****Technical domain:**

Infectious Diseases

**Location:**

Delhi

**Description:**

The "Roadmap to Combat Zoonotic Infections in India" (RCZI) Initiative was launched in June 2008 to support and promote "integrated" Zoonotic disease prevention and control. PHFI has been appointed as nodal agency for this initiative. PHFI is spearheading several activities related to the prevention and control of Zoonoses in India including capacity building initiatives, research and advocacy.

Under capacity building initiatives, a 21-hour capsule program for three days is being developed on 'Integrated Zoonoses prevention and control'. This will be conducted through 2009-10 with support from WHO India Country Office and partner institutions, target stakeholders and professionals working in human, veterinary and wildlife health areas. PHFI-RCZI is also developing a 'framework for advocacy' which will suggest mechanisms and suitable revisions for improving Zoonoses prevention and control skill building as part of medical and veterinary curriculum and teaching. In partnership with researchers from American Universities, a strategic research agenda is being developed to create 'integrated' zoonotic disease prevention and control strategy. In order to increase awareness on zoonotic diseases, PHFI-RCZI releases a quarterly newsletter 'Zoonoses Watch' and is in the process of hosting a website on Zoonoses with a micro-site on Novel Influenza H1N1. The initiative is also developing a communication and advocacy strategy for Zoonoses control.

**Funding body:**

WHO India

**Budget:**

22.6 Lakhs INR



**TITLE:****RABIES CONTROL PROGRAM IN TAMIL NADU :  
ANALYSIS OF THE INTERVENTION STRATEGIES  
AND DOCUMENTATION OF THE MODEL****Technical domain:**

Infectious Diseases

**Location:**

Tamil Nadu

**Date/Duration:**

August 2009 - December 2009

**Description:**

Rabies control in Tamil Nadu has resulted in a steady and steep decline in Rabies cases over the last few years, with 'zero' case in rural areas. An appraisal of the Tamil Nadu Rabies Control Program is being undertaken by PHFI with technical and financial support of WHO India Country Office. This activity will help to understand and document mechanisms that enabled the Tamil Nadu state health department to overcome limitations that have been deterrent to effective rabies prevention and control in other parts of the country. Lessons learnt will help in replicating the model to other areas and contexts.

**Funding body:**

WHO India

**Budget:**

7 Lakhs INR





## MATERNAL AND CHILD HEALTH

**TITLE:** TECHNICAL ASSISTANCE TO THE GOVERNMENT OF JHARKHAND TO OPERATIONALISE FIRST REFERRAL UNITS (FRU)

**Technical domain:** Health Systems

**Location:** Jharkhand

**Date/Duration:** December 2008 – September 2009

**Description:** In order to affect maternal mortality, the Government of India has decided to strengthen 24 hour Emergency Obstetric Care through identified health facilities, called as First Referral Units (FRU).  
This project aims at building the capacity of government functionaries to operationalize 12 First Referral Units in Jharkhand. The project identifies gaps in the functioning of FRUs, develops action plans to address those gaps, and enables government functionaries to develop FRU-specific monitoring plans to track progress.  
In the past 10 months, PHFI has assisted the health department, to make small but significant achievements towards its goal of having 12 fully functional FRUs. A gap analysis was done in March 2009, and findings from the analysis were used to identify priority areas for improving FRU functionality. Dialogue between State health department and the FRU staff informed action plan formulation for each FRU. All these activities, along with Joint Monitoring visit by state health officials and PHFI staff has resulted in visible improvements at the FRUs during June- September 2009.

**Funding body:** MCH Star initiative of USAID

**Budget:** 130,828 USD (58.9 Lakhs INR)



**TITLE:****REVIEW OF SPECIAL CARE NEW BORN UNITS (SCNU)****Technical domain:**

Neonatal Health

**Location:**

Delhi

**Date/Duration:**

June 2009 - June 2010

**Description:**

Under the ongoing National Rural Health Mission (NRHM), several interventions have been undertaken to combat neonatal mortality. In addition to community level solutions, it is important to develop skilled clinical interventions at special facilities to deal with neonatal emergencies. This project aims at doing a systematic review of facility based neonatal care in terms of its effectiveness, cost and sustainability. It analyzes secondary data related to Special Care New Born Units (SCNUs) established with UNICEF support and develops study tools for evaluating SCNUs.

A systematic review on facility based care is under progress. An e- query has been floated by the research team with 'Solution Exchange- Maternal and Child Health Community' (managed by WHO) to enable members to share their experiences.

Tools for data collection have been developed by the research team and are under expert review. Data collection will begin after a month.

**Funding body:**

UNICEF

**Budget:**

35.4 Lakhs INR



<b>TITLE:</b>	<b>INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING GRANT</b>
---------------	--

<b>Technical domain:</b>	Capacity Building & Institutional Strengthening for Maternal and Child Health
<b>Location:</b>	Jharkhand and Uttar Pradesh.
<b>Date/Duration:</b>	April 2009 - September 2009
<b>Description:</b>	The grant aims to streamline the processes to manage and deliver high quality research, training, policy and advocacy initiatives taken up by the PHFI and also among the upcoming Indian Institute of Public Health. Through this grant PHFI has developed training module on "Ensuring quality assurance in MCH"; initiated online monthly newsletter -KUSHAL; Strengthened Resource Centre/Library ; Capacity Building for PHFI staff through training workshops; Participation in various consultative / stakeholders meetings by PHFI as part of MCH STAR Initiative
<b>Funding body:</b>	USAID (MCH Star)
<b>Budget:</b>	69,283 USD (33.3 Lakhs INR)

<b>TITLE:</b>	<b>BASELINE SURVEY UNDER ADOLESCENT GIRLS AND GENDER PROGRAMS IN MAHARASHTRA</b>
---------------	--

<b>Technical domain:</b>	Adolescent Health and Life skills
<b>Location:</b>	Maharashtra
<b>Date/Duration:</b>	June - October 2009
<b>Description:</b>	This survey is being carried out as part of Deepshika, a project being implemented by UNICEF in Maharashtra. The program aims to remove inequalities by targeting disadvantaged girls directly, and empowering adolescent in the age group of 12 to 18 years. UNICEF will utilize the findings for evidence-based advocacy for Adolescent girls under NRHM, and initiate dialogue with the health department and Women and Child Development (WCD) departments for improved Adolescent Reproductive and Sexual Health (ARSH). A survey of 900 adolescent girls from 90 villages from Latur and Chandrapur districts has been completed. A survey in Nandurbar and Mumbai will be undertaken

continued...



**Funding body:**

in October. A data entry program has been prepared and the data entry process has been initiated.

**Budget:**

UNICEF (Maharashtra)

8.5 Lakhs INR

**TITLE:**

### UNDERSTANDING CAUSES AND SEEKING INTERVENTION FOR CHILD DEATHS: A CASE STUDY OF ADILABAD

**Technical domain:**

Health systems and social determinants

**Location:**

Adilabad district in Andhra Pradesh

**Date/Duration:**

May - September 2009

**Description:**

The district of Adilabad has a significant tribal belt, having poor health and development indicators. In 2007 and 2008, the district succumbed to a succession of Malaria epidemics that killed several children. Thus the people of Adilabad had appealed to the National Commission for the Protection of Child Rights (NCPCR) for interventional aid. NCPCR had commissioned PHFI to investigate the issue of child mortality using a socio-ecological framework, within the broader context of child rights.

Field visits to Adilabad have been made, and data on child deaths has been collected and analyzed. The team is currently developing a technical report with explicit recommendations for local-level action to be taken at Adilabad to prevent further child deaths. An advocacy report is also being developed for wider circulation, which can be employed by NCPCR to campaign on children's rights to a healthy and happy life.

**Funding body:**

WHO India

**Budget:**

4.6 Lakhs INR



## ENVIRONMENTAL HEALTH

**TITLE:**

**RAPID ASSESSMENT OF LEVELS OF AWARENESS  
AND ACTION TO ADDRESS CLIMATE CHANGE IN  
DFID SUPPORTED STATES**

**Technical domain:**

Climate Change and Health (Research)

**Location:**

5 states (Andhra Pradesh, Madhya Pradesh, Orissa, West Bengal and Maharashtra)

**Start Date:**

August 2009 - September 2009

**Description :**

The Inter-Governmental Panel on Climate Change, 2007, demonstrates the impact of climate change on human health. This project aims to assess specific vulnerability of selected states in relation to impacts of climate change focusing on: Vector borne diseases, Water borne diseases, nutrition, current status of biomedical waste management, preparedness of the health system to deal with the above mentioned impact of climate change, future challenges and possible actions.

A status report has been prepared and is undergoing final review.

**Funding body:**

DFID India

**Budget:**

6.2 Lakhs INR





**TITLE:****NEAR-TERM HEALTH EFFECTS OF TRANSPORT  
POLICIES TO REDUCE GREENHOUSE GAS EMISSIONS  
AND IMPROVE HEALTH IN THE CITY OF HYDERABAD****Technical domain:**Transport / Climate Change Mitigation / Public Health  
(Research)**Location:**

Hyderabad , Andhra Pradesh

**Dura:**

May 2009 - September 2009

**Description:**

With increasing levels of urbanization and industrialization, there is a need to develop transport policies to reduce the harmful effects of green house emissions on health outcomes. This study involves the contrast of transport policies between Hyderabad and other comparable cities in India and also conducts a survey on travel patterns and modes of travel in Hyderabad.

The survey has been completed, and analysis is in progress.

**Funding body:**Hyderabad Metropolitan Development Authority  
(HMDA), Govt. of AP, Hyderabad.**Budget:**

70,000 INR



# COMPLETED RESEARCH ACTIVITIES

TITLE:		EXAMINING THE INTERACTION BETWEEN GLOBAL HEALTH INITIATIVES (GHIS) AND LOCAL HEALTH SYSTEMS IN INDIA
Technical domain:	Health Systems	
Location:	Andhra Pradesh, Manipur, Uttarakhand, New Delhi	
Date/Duration:	January – June 2009	
Description:	<p>The goal of this study was to illuminate how Global Health Initiatives (GHI) have interacted with existing health systems at different levels in India. Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) the major GHI functioning in India and its funds are directed to the National AIDS Control Program (NACO) and the Revised National Tuberculosis Control Program. This study was conducted in three states in India, Andhra Pradesh, Manipur and Uttarakhand as they have received funds from GFATM for HIV and TB programs. The study involved in-depth interviews with key informants, central and state level program managers and health care providers at select health facilities. In addition, facility level data on health service utilization was collected from the facility records.</p> <p>One report has been produced and findings have been presented at various meetings.</p>	
Funding body:	World Health Organization/Harvard Medical School	
Budget:	76,710 USD (38.3 Lakhs INR)	





**TITLE:****COST ANALYSIS OF A SOCIAL FRANCHISING MODEL  
FOR CHILD SURVIVAL IN WARDHA, MAHARASHTRA****Technical domain:**

Health Economics

**Location:**

Wardha, Maharashtra

**Date/Duration:**

April - June 2009

**Description:**

This study focused on estimating the costs of a social franchising model involving a franchiser (medical college) and franchisee (Village Coordination Committees, (VCCs) in the Wardha district of Maharashtra. The Agha Khan Foundation has supported the development of this model and enabled development of VCCs to improve maternal and child health outcomes. The goal of the cost study was to enable estimation of costs relevant for replication of such models within NRHM.

The report of this study has been submitted to Agha Khan Foundation.

**Funding body:**

Agha Khan Foundation (AKF)

**Budget:**

4.8 Lakhs INR



**TITLE: KNOWLEDGE COMMUNITY ON CHILDREN IN INDIA (KCCI) INTERNSHIP**

<b>Technical domain:</b>	Health Policy
<b>Location:</b>	IIPH – Gandhinagar
<b>Date/Duration:</b>	June - August 2009
<b>Description:</b>	<p>The “Knowledge Community on Children in India” (KCCI) was an initiative spearheaded by UNICEF India that aims to promote information-sharing on policies and programmes related to children in India. The project was essentially documentation of a UNICEF-supported successful model synchronization of Integrated Child Development Services and Health in Valsad District, Gujarat.</p> <p>The study was disseminated through concerned government line departments, policy makers, civil servants; UNICEF’s implementing partners, NGOs, INGOs, National Committees, donor agencies, leading academics in the State and New Delhi. The report is likely to be published as a monograph by UNICEF.</p>
<b>Funding body:</b>	UNICEF (Gujarat)
<b>Budget:</b>	3.1 Lakhs INR



**TITLE:****STUDY OF SUSTAINABILITY AND CONTROL OF  
LINK ART CENTERS (LACS) IN GUJARAT****Technical domain:**

Communicable Diseases

**Location:**

Gujarat

**Date/Duration:**

February -May 2009

**Description:**

The Government of India rolled out the Anti-Retroviral Treatment (ARTs) in April, 2004. These ARTs are provided through Medical colleges, Tertiary hospitals and district hospitals in many states. This study was undertaken in Gujarat in five Link ART Centers which were established on a Pilot basis, with the objective of documenting the functioning, costing and satisfaction among clients who availed services at the Link centres. Data collection has been completed by both quantitative & qualitative methods, and report writing is in progress. A dissemination workshop will be conducted shortly.

**Funding body:**

Gujarat State AIDS Control Society, Gandhinagar

**Budget:**

46,000 INR

**TITLE:****USE OF INHALANTS AMONGST STREET CHILDREN  
IN DELHI****Technical domain:**

Non Communicable Diseases

**Location:**

New Delhi

**Date/Duration:**

August 2008 - August 2009

**Description:**

This project involved ethnographic description, interpretation, and diagnosis of volatile substance use amongst street and slum children in Delhi. The main objective of this research was to obtain an ethnographically grounded understanding of inhalant use in Delhi.

The empirical materials provided information on categories of users and patterns of use; the socially and culturally mediated experiences of inhalant use; side effects representing bonuses and/or costs of sniffing; the role of inhalants in the generation of street children; the interplay of inhalant use, power and agency; the political economy of inhalant use, the

*continued...*

uses of intervention and also the lack thereof in Delhi. Two conference papers have been written. One of the conference papers has been submitted for publication with the Indian Journal of Human Development.

**Funding body:**

U.K. India Education and Research Initiative (UKIERI)

**Budget:**

30 Lakhs INR

**TITLE:**

**SITUATION AND POLICY ANALYSIS OF HUMAN RESOURCES FOR HEALTH IN INDIA**

**Technical domain:**

Health Systems

**Location:**

New Delhi, Uttar Pradesh, Tamil Nadu

**Date/Duration:**

June 2007 – October 2008

**Description:**

The Public Health Foundation of India (PHFI), in partnership with the World Bank conducted a systematic and detailed analysis of human resources for health in India. The overall objective of this study was to provide a deeper understanding of issues concerning Human Resources for Health in India and relate it to achieving MDG related health outcomes and equity.

At present, three studies have been successfully completed and have culminated into three Technical Reports and six policy notes. Papers from the study have been presented at both national and international conferences.

**Funding body:**

World Bank

**Budget:**

25.4 Lakhs INR



**TITLE:****IMPLEMENTATION OF TOBACCO LEGISLATION IN  
ANDHRA PRADESH****Technical domain:**

Tobacco Control

**Location:**

Andhra Pradesh

**Date/Duration:**

June 2008 – January 2009

**Description:**

This project looked at developing a model for implementing legislation restricting the use and sale of tobacco in Andhra Pradesh. The objectives were to produce an evidence-based, comprehensive report scoping progress on the entire process of implementation and enforcement of the Indian tobacco legislation.

The research work identified smoke free actions already being taken by a number of Indian states and central government. Information from literature review, advocacy workshops and interviews were used to collate ongoing national efforts. The report has been submitted.

**Funding body:**

U.K. India Education and Research Initiative (UKIERI)

**Budget:**

2.4 Lakhs INR

**TITLE:****DEVELOP A PAPER ON MAINSTREAMING HIV/AIDS IN  
NATIONAL AIDS CONTROL PROGRAMME (NACP-III)****Technical domain:**

Health Policy

**Location:**

Delhi

**Date/Duration:**

April - June 2008

**Description:**

PHFI with support from the United Nations Development Programme (UNDP) India office has developed a paper on Mainstreaming HIV/AIDS in National AIDS Control Programme (NACP-III). This paper aimed to develop a shared understanding on the different strategies for HIV mainstreaming that NACP of India could undertake.

The paper has been completed and submitted.

**Funding body:**

UNDP India

**Budget:**

7.4 lakhs INR

**TITLE:****POLIO RESURGENCE IN INDIA: A SYSTEMATIC REVIEW****Technical domain:**

Infectious Diseases

**Location:**

New Delhi

**Date/Duration:**

October – December 2007

**Description:**

At the request of the Ministry of Health and Family Welfare, PHFI organised a workshop (February 2007) aimed at identifying research priorities to address the resurgence of Polio in UP and Bihar. A systematic review of available data (published and grey) between 2000 and 2007 was undertaken to synthesize the efforts made to control Polio in India as a follow up to the workshop.

Polio elimination efforts were reviewed from a range of perspectives including program operational factors, socio-cultural factors, vaccine related issues and environmental factors.

**Funding body:**

Ministry of Health and Family Welfare, Government of India.

**Budget:**

6.4 Lakhs INR

**TITLE:****ECONOMICS OF TOBACCO AND TOBACCO TAXATION IN INDIA****Technical domain:**

Health Economics

**Date/Duration:**

September 2007 – October 2008

**Location:**

Multi-country

**Description:**

This project was a multi-country study on the economics of tobacco consumption, taxation and its implications for emerging economies in developing countries. It examined the trends and patterns of tobacco consumption in India, analyzed the market structure and evaluated issues in tobacco farm economy and livelihoods. The report for this study has been submitted.

**Funding body:**

Bloomberg Initiative and coordinated by Centre for Global health research, Canada.



**TITLE:****A COMMUNICATION FOR THE INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) – IV REFORM PROJECT****Technical domain:**

Health Communication

**Location:**

Andhra Pradesh, Chhattisgarh, Delhi

**Date/Duration:**

August 2008

**Description:**

PHFI worked with the Ministry of Women and Child Development (MWCD) and the World Bank to outline strategic options for communicating issues on child nutrition and early child development at national, state, district, community and family through development of a BCC/IEC strategy to inform the communication component of the Integrated Child Development Services (ICDS) IV/Reform project: A detailed communication strategy was written and submitted for the MWCD to action as part of ICDS IV.

**Funding body:**

MWCD &amp; World Bank

**Budget:**

3.5 Lakhs INR



<b>TITLE:</b>		<b>A COMPARATIVE ANALYSIS OF WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC) AND THE INDIAN LAWS REGULATING TOBACCO</b>
<b>Technical domain:</b>		Tobacco Control
<b>Location:</b>		New Delhi
<b>Date/Duration:</b>		June 2008 – August, 2008
<b>Description:</b>		<p>This document was a comparative analysis of various Indian legislations that can be used to substantiate the provisions of the Cigarette and Other Tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production Supply and Distribution) Act 2003, vis-a-vis WHO-FCTC (Framework Convention on Tobacco Control) provisions and international best practices. For each provision, the role of multi-stakeholders from an Indian perspective was listed. The intent of this report was to use this as an advocacy document at various government departments and by NGOs etc.</p> <p>This report was formally released on September 9, 2008 at the inaugural function of the National Advocacy Workshop on Tobacco Control and Related Issues in India.</p>
<b>Funding body:</b>		WHO India Office
<b>Budget:</b>		93,200 INR





# SPECIAL INITIATIVES

## INTERNATIONAL CONFERENCE ON NEW DIRECTIONS FOR PUBLIC HEALTH EDUCATION IN LOW AND MIDDLE INCOME COUNTRIES

The International Conference on New Directions for Public Health Education in Low and Middle Income Countries was held between **August 12th- 14th 2008** at Hyderabad, India. The conference aimed at reviewing the state of public health education in Low and Middle Income Countries (LMIC), and identifying the challenges/achievements made in this area. The conference brought about the sharing of best practices so that developing nations could learn from each other. It was attended by public health education experts. Funding for the conference was through Rockefeller Foundation and various other funding agencies/bodies to the tune of 451,468 USD (1.81 Crores INR).

Many stakeholders felt that an international consultation, involving LMIC institutions engaged in public health education, would help re-define the new public health agenda for LMIC as well as re-design the curricular framework that can best fit that agenda. This would also enable the creation of a platform for south-south cooperation, whereby LMIC institutions can regularly share experiences, transfer best practices, caution against replication of failed models, exchange learning resources and, wherever feasible, strengthen academic programmes through inter-institutional faculty exchange and promote joint research.

The conference was preceded by pre-conference activity in the form of collection of scans of existing curricular competencies and engagement with public health training institutions in LMICs for setting key agenda priorities both in terms of (1) the public health education framework required in LMIC and (2) the pathways and innovative partnerships required to stimulate, sustain and support such a framework.

The conference marked the launch of the World Cancer Research Fund (WCRF)/ American Institute for Cancer Research (AICR) Expert Report, Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. The second National Consultation on Society & Health was also held during this conference.

The **key recommendations** from the conference were:

- Public health education must amalgamate approaches from core public health disciplines as well as social sciences and ethics, adopting a variety of methods such as quantitative and qualitative, together with skill-building and personal development.
- There is a need to redefine social determinants of health research and education priorities by breaking away from dominant paradigms of public health which have paid inadequate attention to them.
- The delivery of public health education and programmes should be by faculty

that is grounded in the community, focuses on the audience and looks through the prism of community approaches and health care programmes.

- The challenges of inefficient utilization of existing health resources, poor health systems performance constraints, management & decision-making and corruption can be countered through good governance and improved decision-making through education and practices.
- Stakeholder-ship in public health and public health education requires redefinition as 'actors' and their scope can be widened by reaching out beyond schools into community and villages. This can be achieved by incorporating contemporary complexities and encouraging innovations in the development of new public health agenda.
- More work is required on the public health education agenda to develop teaching modules in public health law and ethics bringing in a human rights-based perspective. There is a need to locate teaching content and modules within the frameworks of historical usage of law as an instrument for better public health outcomes.
- There is an urgent need to establish a network of public health institutions in LMIC which would reinforce standardization in evaluation of schools and in bringing together practitioners from diverse disciplines to encourage the public health enterprise.
- Existing indicators for evaluating quality and impact of different education programmes need to be revisited. New indicators such as external evaluations, community and advisory boards, students' feedback, and dissemination, transparency and communication need to be incorporated. This would, more than evaluating the specific components, help facilitate a dialogue between stakeholders in order to collectively discuss challenges to improve the capacity and quality of public health education.
- Need to develop and pursue effective north-south and south-south partnerships through factors such as frequency and quality of communication, conduct of joint long term projects, exchange of data, stable frameworks and maximum transparency both inside and outside of partnerships.



### CENTER OF EXCELLENCE (COE) FOR PREVENTION AND CONTROL OF CARDIO-METABOLIC DISEASES IN SOUTH ASIA FOR POPULATION-BASED APPLIED RESEARCH AND TRAINING

Under the Global Health Initiative of National Heart Lung Blood Institute of USA, PHFI has received a contract to establish a 'Centre of Excellence (COE) in **Prevention and Control of Cardio metabolic Diseases** in South Asia for Applied Research and Training' in June 2009. The funding for the 5 year contract which continues till June 2014 is from the National Heart Lung Blood Institute, USA and is **2.9 million USD** (14.6 crores INR).

The COE will serve as one of 11 Collaborating Centers of Excellence to counter chronic non-communicable diseases in developing countries. The collaborating institutions in the COE are PHFI, EMORY University, AIIMS, Madras Diabetes Research Foundation and Agha Khan University.

The COE will primarily focus on establishing a robust applied science base through two complementary activities:

- (a) Development and implementation of a model sentinel surveillance scheme capturing population-based CMD risk factor data; and
- (b) A randomized controlled translation trial to evaluate implementation of low-cost, multi-factorial, multi-faceted, innovative, scalable and sustainable delivery improvement strategies for CVD risk reduction.

The surveillance system will be implemented in urban communities of three major cities in South Asia (Chennai, Delhi, and Karachi). The baseline cross-sectional survey will involve multi-stage cluster random household sampling. Follow-up surveys in the subsequent three years will collect data on preliminary incidence, morbidity, and mortality data.

The trial will test the effectiveness and cost-effectiveness of a low-cost, multi-faceted, comprehensive CVD risk factor control delivery intervention for diabetes patients in South Asia through a randomized controlled translation trial at eight clinic sites over a mean follow-up period of 30 months.



## **SOUTH ASIA CENTRE FOR CHRONIC DISEASES**

**The South Asia Network for Chronic Diseases in India (SANCD)** is a collaborative venture between the Public Health Foundation of India and constituent colleges of the Wellcome Trust Bloomsbury Centre for Clinical Tropical Medicine. The Network comprises of existing research groups led by Indian and UK investigators in Delhi, Mumbai, Goa, Chennai and Pondicherry as well as partner organizations from Bangladesh - The International Centre for Diarrheal Disease Research (ICDDRDB) and Pakistan - Agha Khan University. This collaborative venture extends from January 2009- December 2013 and is funded by the Wellcome Trust and London School of Hygiene and Tropical Medicine and totals **3.5 million GBP** (35.7 Crores INR).

The mission of the SANCD is to promote and strengthen chronic disease research capacity in South Asia through sharing skills and knowledge between network partners, with the aim of improving the prevention and control of chronic disease in the region.

The objectives of the Network are to (i) Establish and maintain an infrastructure and capacity of core interdisciplinary scientific staff (ii) Build on 'state of the art research' based on a combination of excellent research methodology, research laboratory services, health databases and research governance (iii) Conduct translational research, health care evaluation studies, including RCTs, evidence synthesis, health systems and health policy research (iv) Mentor and provide career structures for researchers at all stages of their careers (v) Network to facilitate dissemination of best evidence to support health care provision in chronic disease, the setting of priorities and practices for policy makers, practitioners and researchers.

## **PHFI'S CLINTON GLOBAL INITIATIVE COMMITMENT TO ACTION 2008**

On December 2-3, 2008, at the Clinton Global Initiative Asia Summit held at Hong Kong, the Public Health Foundation of India (PHFI) announced a commitment to strengthen public health capacity in rural North-East India by augmenting the existing structure of community health under the Government of India, as well as by enhancing the technical capacity of Non-Government Organizations (NGOs) to deliver health services.

The North East region of India consists of the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim. This region has had a long period of poor health indicators and has been suffering from a severe shortage of health workforce. These are two important challenges that must be dealt with in this region, and PHFI's commitment will be a step forward in this direction.

PHFI has been in touch with the Government of Meghalaya regarding the initiation of the rural health capacity building programmes, and key decisions have been taken with respect to available facilities, priority areas for training and capacity building.



### WELLCOME TRUST GRANT – UK CONSORTIUM OF SCHOOLS AND THE PUBLIC HEALTH FOUNDATION OF INDIA (PHFI) INITIATIVE

PHFI, in consultation with the UK Schools of Public Health, proposed a **joint faculty development initiative between PHFI and a consortium of leading UK public health schools** for the Indian Institute of Public Health (IIPH) being established by PHFI. This programme would enable strong and long-term relationships and would be mutually beneficial for developments in teaching and research.

Our capacity building initiative includes:

- Training leading practitioner's currently in non teaching roles for teaching positions and promising young public health professionals for junior academic positions at the IIPH.
- Reaching out to faculty members in the consortium schools and inviting them as visiting faculty on need basis.

The Wellcome Trust grant, in the amount of **5 million GBP (39.6 Crores INR)**, will support 16 MPH candidates, 37 PhD candidates and 40 Post-Doctoral fellows (nominated by PHFI under the Future Faculty program) to be trained across 14 schools in the UK including LSHTM, Bristol, Cambridge, Edinburgh, Imperial, Leeds, Liverpool, Oxford, University College London, Glasgow, Newcastle and the Faculty of Public Health. This grant will also allow for UK experts to come and teach with the IIPH.

The UK Consortium of schools would train the PHFI recommended candidates, to help build expertise within the Indian Institutes of Public Health (IIPHs). The following will be offered to candidates: Master's training, PhD training, Post-doctoral Training phase, Scientific meeting, Visiting fellowships, short courses and Distance learning and blended learning courses.

It is envisaged that PHFI and the Indian Public Health System will benefit from a pool of well trained, dedicated health care professionals and trainers and faculty in the new schools of public health; this will provide incentives of professional enrichments for Public Health faculty in India and will also provide relocation opportunities for Indian Diaspora; will enable strong and long-term relationships to be developed between UK Schools and Indian Institutions that will be mutually beneficial for teaching and research in Public Health.

### HIV/ AIDS PROJECT (PARTNERSHIP FOR SUSTAINED IMPACT)

The project, Partnership for Sustained Impact, is a three year project supported by the Bill and Melinda Gates Foundation (BMGF), to **provide support to the National AIDS Control Organization (NACO) and the State AIDS Control Societies (SACS)** in six high HIV prevalent states to build techno-managerial and financial capacity. This project has been supporting the national program on HIV/AIDS to ensure that the government system is strengthened, programs are sustainable and to facilitate transfer of knowledge, skills and best practices to the national program. This will be achieved by building capacity, forming coalitions of partners to strengthen support and carry forward efforts for community to play a significant role in national program. A total of **18.3 million USD** (73.2 Crores INR) has been received from BGMF for the funding for the project.

The project is supporting NACO in scaling up targeted interventions with high risk groups by providing technical assistance to NACO and SACS in selected technical areas like communications, monitoring and evaluation and evidence based planning for targeted interventions. The project provides National and State level support through technical experts at NACO, State level Technical Support Units in various states; support in Monitoring and Evaluation; Behavior Change Communication through advertising film on stigma and discrimination; Training and capacity building through training of various staff and stakeholders. The project also supports operational & action research, research and evaluation studies.



### ASSESSING AND SUPPORTING THE NORWAY-INDIA PARTNERSHIP INITIATIVE (NIPI) INTERVENTIONS (ASNI)

The Norway-India Partnership Initiative (NIPI) was designed to provide up-front, catalytic and strategic support to accelerate the implementation of the National Rural Health Mission (NRHM) in five focus states, specifically to improve Maternal and Child health service delivery quality and access. The NIPI activities are for five years (2007-2012) corresponding the duration of the NRHM and has been functional in Rajasthan, Orissa, Bihar Madhya Pradesh, and Uttar Pradesh since 2007.

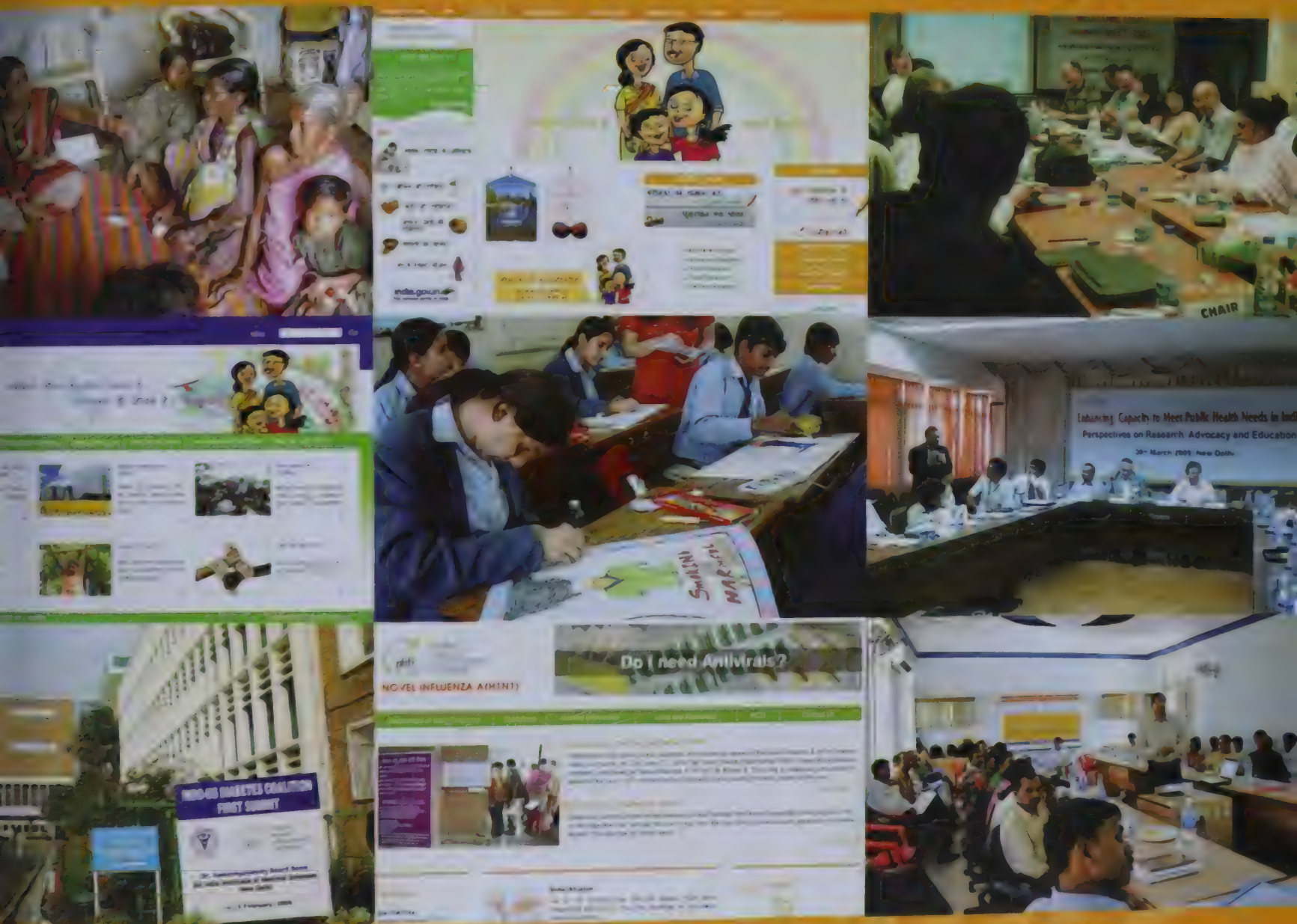
As per the recommendations of the Joint Steering Committee of NIPI to initiate operations research, the joint proposal for such research put by PHFI and University of Oslo was accepted and PHFI was awarded the contract. The proposed study is a **multi-disciplinary approach that is designed to assess current NIPI interventions** through a gender and equity lens. The study will provide recommendations based on identified bottlenecks, if any, for improving service delivery and health outcomes within NIPI. A total funding of **4.26 million Kroner (3.2 Crores INR)** is being provided through the Ministry of Foreign Affairs, Norway.

The aim of the study is two-fold: 1) to understand the functioning of three thematic areas under NIPI activities: facility based Yasodha initiative; the Home Based Newborn Care provided by Accredited Social Health Activist (ASHAs); and techno managerial support provided by NIPI and their convergence within NRHM. 2) To identify key obstacles in the effective implementation of these initiatives so as to recommend modifications and design an intervention package to improve equity, efficiency and sustainability of the program.

The study will be conducted in select NIPI districts of Rajasthan and Orissa and is to start from October 2009 (until April 2010). Qualitative and quantitative methods will be used to assess the interventions in the selected NIPI compared to a non-NIPI district. Close collaboration with state institutions, health department and NIPI officials at the state and Central level is envisaged. We hope that this proposed study will provide the required information to enable equitable, efficient and sustainable scale up of NIPI activities within NRHM.

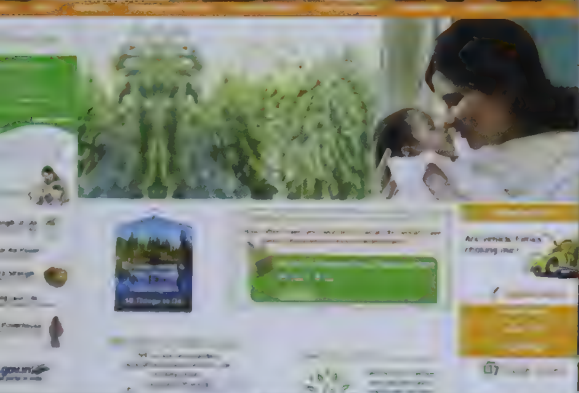
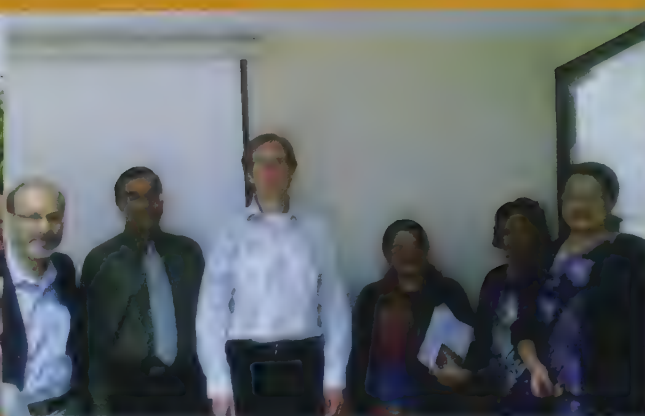


# ADVOCACY & HEALTH COMMUNICATION



Conducted by IIPH-Delhi, Gandhinagar, Hyderabad and PHFI





**TITLE: ADVOCACY AND POLICY ANALYSIS PROGRAM FOR PUBLIC HEALTH IN INDIA**

<b>Technical domain:</b>	Advocacy
<b>Location:</b>	New Delhi
<b>Date/Duration:</b>	September 2008 - September 2011
<b>Description:</b>	<p>The Advocacy and Policy Initiative for Public Health in India is an ongoing effort at the PHFI to work towards a strengthened in-country public health advocacy platform and enhanced policy analysis for an accelerated and sustained response to India's critical public health challenges.</p> <p>Supported through a three-year (2008-2011), grant from The Bill and Melinda Gates Foundation, the project is now entering its main field activity phase of capacity enhancement among policy makers, health researchers and a district-level media fellowship, besides improved translation of effective health research to support better policy action on ground. The grant also addresses key research questions through focused research studies.</p> <p>Through the initial planning period (January-June, 2009), the PHFI team has focused efforts on testing proof of concept and detailing specific activities to enable longer-term achievement of project outcomes. As determined through multi-stakeholder consultations and partner interactions, the project will focus on advocacy and policy analysis to address two key public health challenges – child malnutrition &amp; maternal deaths. The key states of focus are to be Uttar Pradesh, Karnataka, Gujarat and Bihar.</p>
<b>Funding body:</b>	Bill and Melinda Gates Foundation
<b>Budget:</b>	2.2 million USD (8.7 Crores INR)



**TITLE:****HEALTHY INDIA WEBSITE****Technical domain:**

Health Communication and Promotion

**Location:**

Delhi (Website)

**Date/Duration:**

April 2007 - April 2009

**Description:**

The Healthy India Website ([www.healthyindia.org.in](http://www.healthyindia.org.in)) was launched in April 2007 in collaboration with the Ministry of Health and Family Welfare, Government of India. It is an award-winning website aimed at promoting health-seeking behaviors and growing health literacy among Indians. The Healthy India website aims to advance consciousness of disease and treatment of diseases, provide everyday solutions and foster healthy living using appropriate communication and knowledge empowerment mechanisms. The website has completed more than two years in cyberspace with roughly 23000+ visitors every month. It has been upgraded with several additional features to make it more dynamic and contemporary; expand its reach and enhance its role as an effective tool for health promotion and literacy among multiple communities.

**Funding body:**

MoHFW and PHFI

**Budget:**

43.7 Lakhs INR (2007-09) + 52 Lakhs INR (2009-10)

**TITLE:**

**PUBLICATION AND DISSEMINATION OF THE LANCET SERIES ON UNIVERSAL ACCESS TO HEALTH CARE IN INDIA + WORKSHOP IN DECEMBER 2007**

**Technical domain:**

Health Systems

**Location:**

PHFI, New Delhi

**Date/Duration:**

July 2007 - December 2010

**Description:**

The Lancet series on India was initiated in July 2007 to produce a broad base of evidence for shaping future health policy in India. The output of the Lancet series will be a set of six articles and additional commentaries that will cover a variety of public health topics relevant to India. The series will examine the opportunities and barriers that are presented in achieving the objectives of universal health care as well as the financial resources required for attaining this goal. The series will also consider how the evidence presented can be applied to effect policy reform and contains a significant advocacy component. The review of the Lancet Series is still ongoing and the series will be launched in December 2010.

In addition, a Communication and Advocacy Action Plan (CAAP) for the Lancet Health for All Series 2009 was presented in Goa on 20-21 April 2009. The brainstorming (with lead authors) at the workshop aided planning for the national dissemination of the Series involving political leadership of the country, the public health community, academics and policymakers concerned about India's development.

**Funding body:**

Packard Foundation and McArthur Foundation

**Budget:**

100,000 USD (40 Lakhs INR)



**TITLE:****HEALTH LITERACY CAMPAIGNS ON DIABETES AND CERVICAL CANCER****Technical domain:**

Chronic Diseases

**Location:**

Delhi

**Date/Duration:**

April 2009 - March 2010

**Description:**

Chronic diseases such as diabetes and cervical cancer are preventable, if communities are armed with appropriate health information to protect and promote their personal and community health. A health literacy campaign has been launched in order to advance consciousness of disease prevention opportunities, encourage early detection and treatment of diseases, and to foster healthy living using appropriate communication and knowledge empowerment mechanisms.

The one year-long campaign is conducting community-led research in selected districts of Gujarat, Orissa and Delhi through a communication needs assessment by using participatory community media such as the performing arts and community radio. A community-based articulation of the gaps in knowledge and the most effective means to address them is the guiding principle behind the campaign.

**Funding body:**

Merck Sharp &amp; Dohme (MSD)

**Budget:**

50,000 USD (25 Lakhs INR)

**TITLE:****BUILDING INTER SECTORAL TRAINING AND  
RESEARCH CAPACITY FOR COMBATING ZOO NOTIC  
INFECTIONS IN INDIA: CAPACITY BUILDING GRANT****Technical Domain:**

Infectious Diseases

**Location:**

Delhi

**Date/Duration:**

February 2009- December 2009

**Description:**

To fulfill the mission goals and objectives and to guide the Roadmap to Combat Zoonoses in India (RCZI) Initiative, a multi-sectoral 'Joint Working Group' (JWG) of key technical partners with its secretariat at PHFI in New Delhi has been formed. The JWG guides and assists the initiative in implementing the various projects and activities identified under the initiative; foster partnerships on Zoonoses prevention and control at national and international level, facilitate the potential scale up of the outcomes of the initiative. The first meeting of the JWG was held on 20th March, 2009, and the next meeting is scheduled for the last week of September 2009.

**Funding Body:**

WHO India

**Budget:**

10 Lakhs INR





**TITLE:****SHORT BURST ANTI-TOBACCO MEDIA CAMPAIGN****Technical Domain:**

Tobacco Control (Launch of Short burst anti-tobacco media campaign)

**Location:**

National campaign

**Date/Duration:**

17th March, 2008 - 27th June, 2008

**Description:**

The objectives of the campaign were to create an effective public awareness on smoking and health with a focus on smoking in public places and to create awareness of legal issues and rights of the individual to protect themselves. As a run-up to the World No Tobacco Day (WNTD), May 31, the campaign focused primarily on radio and TV for message delivery based on the radio and TV spots developed and presently available with Government of India.

The campaign ran for eight weeks and leftover spots ran three weeks beyond WNTD, 2008. The campaign was a successful initial effort in terms of multi-partner planning and execution and the use of media for maximum reach in the states for tobacco control. A report on the media campaign was submitted to International Union Against Tuberculosis & Lung Diseases (The Union).

## PUBLIC EVENTS HOSTED

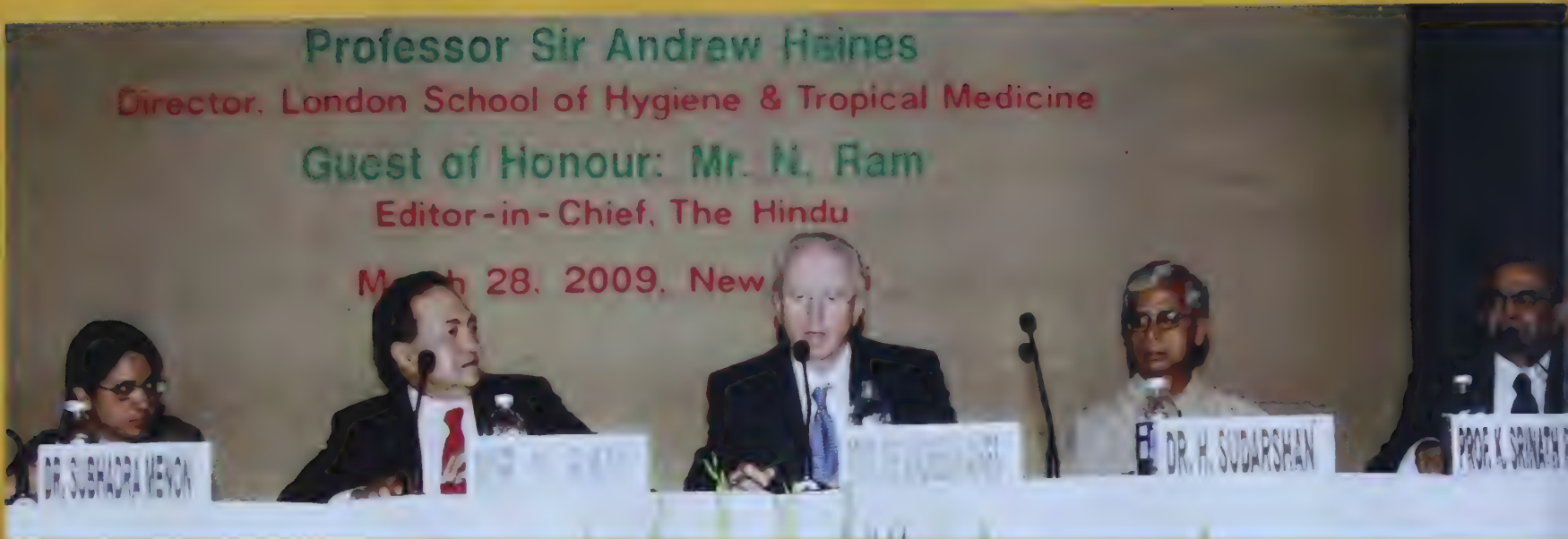


**C:** International Conference on new directions for public health education in low and middle income countries- Life time achievement for outstanding leadership in public health in India awarded to Dr. N.S. Deodhar by Late Dr. Y.S. Rajasekhara Reddy - Hon. Chief Minister Andhra Pradesh



**Foundation Day 09:** PHFI 1st Foundation Day lecture was delivered by Prof A. J. Mc Michael (NHMRC, Australia Fellow at the National Centre for Epidemiology and Population Health, The Australian National University, Canberra). The Guest of Honour was Mr. Naresh Dayal (Secretary Health – Government of India). In this photo from left to right – Prof Anthony J. Mc Michael, Mr. Naresh Dayal and Mr. Don Mohanlal





**Foundation Day 09:** PHFI 2nd Foundation Day was held where the keynote speech was delivered by Professor Sir Andrew Haines (Director of London School of Hygiene and Tropical Medicine) and Mr N. Ram (Editor in chief of The Hindu) was the Guest of Honour. In this Picture from L-R – Dr Subhadra Menon, Mr N. Ram, Prof Sir Andrew Haines, Dr H. Sudarshan and Prof K. Srinath Reddy



**Public Health Lecture Series 2009:** On 7th April, World Health Day, PHFI hosted one of its first public health lecture series where Ms Mary Robinson (first lady President of Ireland) delivered a lecture on "Realizing the Right to Health". In this photo from L-R – Prof K Srinath Reddy, Ms Mary Robinson, Dr. R. K. Pachauri, Mr. Rajat Gupta and Dr Poonam Mutterreja



Prof. Sir Michael Marmot, 10th September 2009, spoke on Social Inequality and Health, organised by PHFI at India International Centre



## **'REALISING THE RIGHT TO HEALTH IN PRACTICE' AT THE PUBLIC HEALTH LECTURE SERIES – APRIL 2009**

As part of the Public Health Lecture Series 2009, PHFI held a lecture and an interaction with **Ms. Mary Robinson** an eminent legal and political expert, whose tireless efforts have shaped the current discourse on human rights, making them a “central issue in all societies”, as Former Secretary-General of the United Nations, Kofi Annan commented. As the first woman President of Ireland and former United Nations High Commissioner on Human Rights, Ms. Robinson shared global experiences and her views in a lecture titled- 'Realising the Right to Health in Practice' on how sustainable progress towards improved health outcomes can be made with greater attention to the links between health and realization of fundamental human rights. Ms. Mary Robinson is presently the Chair of Realising Rights: The Ethical Globalisation Initiative, based in New York, USA. In recognition of this global consensus towards health as a human right, PHFI recognizes that Public Health, as a discipline dealing with the health of populations, is arguably the health field most affected by human rights realities and by governmental successes or failures to respect, protect, and fulfill those rights.

Improved quality of life, with social justice and dignity for all human beings has been one of the long-standing objectives of action in the field of development and widening access to health care. The mounting burden of preventable deaths and human suffering contradict scientific advancements in health interventions that are able to prevent or treat most health conditions. The extreme disparities that exist in the world today, both within and between countries, make it crucial that health inequities are addressed, the right to health of all people recognised, and steps taken to remedy the violations of this right. Ms. Mary Robinson encouraged India to “take stock of successful health interventions that have not only been cost-effective, but have delivered the human right to lead a dignified life to some of the most marginalized sections of society.”

The concept of a right to improved health status and human development, embraces equity, solidarity, social justice, human rights, and moral and ethical imperatives as both a foundation and a compass for action. Ms. Robinson said that human rights are not just normative, judgemental, finger-pointing, rhetorical, abstract or impractical, but allow policymakers to have a better grasp of how countries holistically address access to health. Health is often seen as a cost, but access to health as a human right holds the prospect of fostering a productive, healthy and forward-looking population as human rights are about hope, inclusiveness and energizing people around the value system.

Prof. K. Srinath Reddy, President, PHFI observed that in the present global and national context, of profound and poignant health inequalities that not only mirror economic and social inequities, but also grotesquely magnify them, the Right to Health merits a serious public discourse. Dr. R.K. Pachauri, Nobel Laureate and Director General, TERI was the Guest of Honour at the lecture. Presiding over the proceedings, he called for positioning the climate change priorities in the framework of human rights discourse.



### **PHFI FOUNDATION DAY LECTURE AND AWARD – MARCH 2009**

Each year, the PHFI Foundation Day Lecture focuses on a public health area of great national and global importance, to be delivered by a distinguished leader in the field. PHFI's second Foundation Day Lecture and Award ceremony was held on March 28, 2009 and was attended by over 500 representatives from multiple constituencies such as the Government, academia, multilateral organizations, media, corporate sector, university and school students along with civil society individuals and organizations. Mr. N. Ram, Editor-in-Chief and noted commentator on political and social developments at the revered national daily- The Hindu, was the Guest of Honour at the occasion.

The event was set in motion with welcome remarks and an introduction by Prof. K. Srinath Reddy, President, PHFI, in which he presented a report on the progress made by PHFI since its inception and in the year 2009, in particular. This was followed by a lecture, delivered by **Professor Sir Andrew Haines**, Director of the London School of Hygiene and Tropical Medicine at the University of London on "Revitalising Primary Health Care: From Evidence to Action". Prof. Sir Haines has previously been Professor of Primary Health Care and Director of the Department of Primary Care and Population Sciences, at University College London Medical School, and has had many years of experience as a general practitioner in North London, Regional Director of Research & Development at the National Health Service (NHS) Executive, North Thames and a member of the governing council of the Medical Research Council. He sits on many national and international committees including, until recently, the WHO Advisory Committee on Health Research, as well as the Advisory Board of the National Institute of Health Research of England. He is chair of the Universities UK Health and Social Care Policy Committee and of the MRC Global Health Strategy Group. He was knighted in the 2005 New Year Honours list for services to medicine.

The lecture focused on the crucial role of primary health care in delivering health for all and the challenges that lie ahead in reviving it. In recognition of the emerging global concern over the need for better health outcomes across communities, populations and nations, PHFI believes that highlighting the strong linkages that exist between efficient primary health care systems and improved human health is vital. Primary health care, ideally, is universally available, affordable, essential health care for individuals, families and communities. Its cornerstones are community participation, inter-sectoral cooperation, use of up-to-date and suitable technology, and a comprehensive approach to health and disease. In 1978, representatives from 134 countries gathered in Alma-Ata and declared that primary health care (PHC) was the key to delivering health for all by the year 2000. Subsequently however, attention shifted to promoting vertical, disease-specific programmes. Efficient as they have been in tackling specific disease burden, such programmes are inadequate in their ability to address the socio-economic determinants of health, resulting in a continuing high burden of preventable diseases, particularly in low- and middle-income countries (LMICs). Recent years have seen a renewed interest in PHC in LMICs for a range of reasons, including profound inequities in health, inadequate progress towards the Millennium Development Goals, major shortfalls in the human resources required, and the fragmented



and weakened state of health systems in many countries. The lecture addressed the issue of reviving primary health care, and threw light on the growing evidence that appropriate policies and strategies to support PHC can result in substantial improvements in health in low income settings. It was followed by a highly productive question and answer session, which saw animated and enthused participation from the distinguished audience.

Presentation of this year's PHFI Award to **Dr. H. Sudarshan**, Honorary Secretary, Karuna Trust which is a public charitable trust working to improve the health, education and livelihoods of communities for his commitment to protecting the right to health of vulnerable and less privileged communities, and his dedication to strengthening primary health care at the grass roots level with the aim of securing fundamental needs of indigenous peoples. The Trust is an exemplary promoter of primary health care through public private partnerships with several Primary Health Centres and is working in the fields of reproductive and child health, health among tribal groups, mental health care, and community health insurance. The event concluded with presentation of mementoes to Mr. N. Ram by Prof. Reddy, and Prof. Sir Andrew Haines by Mr. N. Ram, and the vote of thanks by Dr. Subhadra Menon, Head of the Health Communication and Advocacy Division at PHFI.

### **LECTURE ON SOCIAL INEQUALITY AND HEALTH – SEPTEMBER 2008**

The Society and Health Network at the Public Health Foundation of India (PHFI) held a lecture by **Professor Sir Michael Marmot**, Chair of the World Health Organization's Commission on Social Determinants of Health. Professor Sir Marmot spoke on "Social Determinants of Health: Challenges and Opportunities for Low and Middle Income Countries", drawing from his vast research experience and a recently concluded study, titled- Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Sir Marmot said clearly that the report title was only indicative of the vision and aspiration to achieve changes in conditions of daily life and policy, and was in no way a prediction that health gaps could be addressed in a generation's time. He spoke of the work revolving around the report focused on social determinants of health in a three-year investigation by an eminent group of policy makers, academics, former heads of state and former ministers of health, comprising the World Health Organization's Commission on the Social Determinants of Health. Present in the audience were public health experts, academicians, researchers, policy makers, representatives of multilateral agencies, private foundations, media partners and civil society members.

He shared findings of the report, which concluded that inequities in health are avoidable, but arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. This refers to inequities between and within countries in conditions of daily living, 'structural' conditions like social and economic policies as well as systems in place for surveillance and monitoring of inclusive health care. Sir Marmot highlighted the importance of understanding social gradients responsible for poor health as well as improved health. He highlighted that wealth alone does not determine



the health of a nation's population. Some low-income countries such as Costa Rica, China, Sri Lanka, Cuba and the state of Kerala in India have achieved good and equitable health in spite of relatively low levels of wealth. Among the lessons drawn out by the report, from these countries is the importance of good social policy emphasizing education, particularly for girls and women.

Taking the specific health challenge of India, as still not on track to meet MDG 4-reducing under 5 mortality rates by 2015 (Countdown Group, 2008), Sir Marmot suggested creating enabling policies to educate women for lower infant and child mortality rates. The report states that a comprehensive approach to the early years in life requires policy coherence, commitment, and leadership at the international and national level, such that even health ministries advocate for policy changes in education and gender equity. Sir Marmot also stressed the need for collective action in demanding and developing policies and programmes that close gaps in education and skills, and that support female economic participation.

Sir Marmot lauded the Indian Government for providing work guarantees as a way to lift people above the national poverty line, since poverty and hunger are closely linked. He also recommended setting up robust social protection systems in all poor countries for people in low-wage settings to be able to afford and access health care. Towards this end, Sir Marmot remarked on the need to foster a global movement to create an enabling environment for recognition and action on social determinants of health, as a means of delivering social justice and saving lives.

### **INTERNATIONAL CONFERENCE ON NEW DIRECTIONS FOR PUBLIC HEALTH EDUCATION IN LOW AND MIDDLE INCOME COUNTRIES – AUGUST 2008**

A conference titled 'New Directions for Public Health Education in Low and Middle Income Countries', hosted by the Public Health Foundation of India with support from the Rockefeller Foundation, is one of the very first efforts that has ever been made in the direction of advancing innovative and strategic thinking for public health capacity-building in low and middle income countries (LMIC) in the 21st century. The conference was designed to enable participants to review existing public health curricular content, design and implementation in order to devise recommendations that would be relevant for a new public health agenda. Major international organizations like the World Health Organization and Bill and Melinda Gates Foundation were among the agencies represented at the conference. (Please read Special Initiatives)









**PHFI FOUNDATION DAY LECTURE AND AWARD – MARCH 2008**

The inaugural Foundation Day Lecture and Award function was held in New Delhi and was attended by more than 400 people from government, academia, multilateral organizations, NGOs, donors, the media, and the corporate sector and by university and school students. Shri Naresh Dayal, Secretary Health, Ministry of Health & Family Welfare, Government of India, was the Guest of Honour at the function, which received extensive coverage in both print and electronic media. The Foundation Day celebrations also included an exhibition on the “Impact of Climate Change on Health” by our partner organization, Hriday Shan. The exhibition featured a series of posters and children’s electronic games prepared by Hriday Shan for spreading awareness about how climate change is affecting human health.

In keeping with global recognition of the challenge from rapidly occurring climate change and its impact on health, the PHFI Foundation Day lecture focused on “Environment, Climate and Health: An Expanded Public Health Research and Policy Agenda for the 21st Century” by **Professor Anthony J McMichael**, NHMRC Australia Fellow at the National Centre for Epidemiology and Population Health, The Australian National University, Canberra. He spoke on the critical need to recognise the linkage between environmental health.

The PHFI Award for the year was presented to Professor Kalpana Balakrishnan, Professor of Biophysics and Head, Department of Environmental Health Engineering, Sri Ramachandra University, Chennai for her abiding commitment to environmental health environmental epidemiology, industrial hygiene and safety, and occupational health. Dr. Balakrishnan obtained her undergraduate degree from AIIMS, New Delhi, and subsequently her doctoral and post doctoral training at the Johns Hopkins University in Baltimore, Maryland, USA in Biophysics and Environmental Health Engineering, respectively. She is also Director of the WHO Collaborating Centre for Occupational Health at Sri Ramachandra University, Chennai.

PHFI thanks the Nand & Jeet Khemka Foundation (NJKF) for co-organizing this event as part of the NJKF’s Climate Change Series.





# Can polypill replace poly-policy for heart health?

K. Srinath Reddy

Considerable media interest has recently been evinced in the use of a 'polypill,' as a means of protection against heart attacks and strokes. The published results of an Indian 'polycap' trial provided the immediate source of excitement, even though the idea of a 'combination pill' or 'polypill' for protection against cardiovascular diseases (CVD) has been around for some years.

The rationale for a polypill evolved over the last two decades of the 20th century, when a series of large clinical trials demonstrated that four classes of drugs were highly effective in reducing the risk of recurrent heart attacks and death in persons who sur-

Rational combinations of proven life-saving drugs have a role in the secondary prevention of cardiovascular disease. But there is no acceptable substitute for creating social conditions that stimulate, support, and sustain healthy living habits across the lifespan.

related strokes.

In 2001, a scientific meeting organised by the World Health Organisation and the

develop blended pills, using different combinations, and are ready to launch major trials of 'primary' or 'secondary' prevention.

has been the result of policies promoting healthier behaviours as well as improved clinical care. At least 50 per cent of the observed decline in CVD-related death in the countries has been ascribed to shifts in population risk profiles of diet and smoking. In the United Kingdom, 48.1 per cent of the total mortality decline observed during 1981-2000 has been attributed to a decline in smoking.

Finland was at the top of the global league table for coronary heart disease related deaths at the beginning of the 1970s. Major population-based programmes, involving community health education, tobacco control as well as marketing of food products with lowered salt and saturated fat, have sharply reduced coronary mortality and

THE HINDU • WEDNESDAY, MAY 13, 2009

# Pandemic threats: what is to be done

K. Srinath Reddy

As yet another wave of fear is triggered around the world by the threat of pandemic flu, this time prefixed 'swine' rather than 'avian,' it is time to consider whether animals are ganging up against humans — or if humans are creating conditions that imperil all forms of life.

It is common to think of infections as diseases caused by dangerous 'bugs' that are inimical to our health and must be prevented from entering our bodies by sanitary measures, blocked when they do by protective vaccines and aggressively combated through antibiotics or anti-viral drugs if signs of infection develop. We do not usually pause to

Whether it is livestock breeding in factory farms and accompanying deforestation that contributes to global warming and zoonotic infections, or increasing automobile density, which depletes fossil fuels and escalates heart and lung diseases by changing activity patterns and air quality, environmental and health concerns are linked by common

into human-bred livestock and then on to humans. This conveyor belt created by humans enables fast-track transmission of infections.

When viruses and bacteria have large host reservoirs of livestock or humans to replicate themselves, they tend to mutate to more virulent forms, for there is now no danger of eliminating themselves through extermination of a limited host population. Amazing as it seems, such impeccable evolutionary logic of survival and propagation drives the manner in which these minuscule microbial life forms behave.

Livestock production contributes 18 per cent of greenhouse gas emissions, arising both from deforestation to accommodate livestock and from animal emissions of me-

THE HINDU • WEDNESDAY, JUNE 3, 2009

# Shouldn't every Minister be a Health Minister?

K. Srinath Reddy

As India ushers in a new national government, there is a great deal of interest in the allocation of ministerial portfolios. While the Health Ministry has a new incumbent, it is important to place health-related policies and programmes prominently on the agenda of other Ministries too. This is because actions in many other sectors can have a profound impact on the health of the population, often more than even actions within the health sector. So here is a discussion of the roles that can be played by the different Ministers.

**Finance:** Allocations to the health sector should be increased to raise public expenditure on health to 3 per cent of GDP by 2012.

Since matters of health are substantially influenced by policies and programmes followed in other sectors, all the Ministries of government must play an active role in advancing health goals.

**Goals.** Market mechanisms must be moulded to match public health purposes. Reducing post-harvest losses will ensure greater availability of nutrient foods. Linkages among wildlife, veterinary and human surveillance systems will provide early warning signals of zoonotic diseases, while changes in livestock

sible community recreational spaces such as parks and green areas. All urban facilities should take into account the special needs of persons with disabilities. Fire safety measures and building standards should be strictly enforced to minimise safety hazards.

**Women and Child Development:** Empo-

Ministry, as are special programmes to serve tribal populations. The health components of these programmes need to be greatly strengthened.

**Chemicals and Fertilizers:** The capacity for indigenous production of essential drugs must be increased, with appropriate mechanisms for quality and price control.

**Commerce:** Provisions related to the manufacture of life-saving drugs and patent restrictions imposed on them are important areas of negotiation within the World Trade Organisation. India needs to play a major role, along with other developing countries, in ensuring access to drugs and vaccines for the people.

**Science and Technology:** Indigenous production of technologies for the diagnosis and

THE HINDU • THURSDAY, JUNE 25, 2009

# The missing 'E's of medical education

K. Srinath Reddy

The Flexner Report, published in the United States in 1910, had a major impact on the reconfiguration of medical education in North America and, subsequently, in Britain and Europe. It called for a stronger scientific foundation in medical education, with emphasis on laboratory-linked learning. By prescribing standards for medical schools, it not only changed the way medicine was taught but also limited the number of schools accredited to create a community of modern medical professionals, wherein entry was sharply restricted and strictly regulated. An elite group of doctors started to grow around the world, wearing the mantle of the scientific method and waving the flag of technology.

Medical education needs to be reconfigured to increase the emphasis on epidemiology, economics, ethics, empathy and engagement with the health system.

defined as the missing 'E's of medical education: epidemiology, economics, ethics, empathy and engagement.

**Epidemiology:** While epidemiology has traditionally been defined as the study of the dimensions, distribution and determinants of disease, within and across populations, it also forms the basis of disease prevention and health promotion. Equally important, it helps to estimate the probabilities of events

Epidemiology has now evolved into application areas such as clinical epidemiology, social epidemiology, genetic epidemiology, nutritional epidemiology and pharmaco-epidemiology, apart from classical domains such as infectious disease epidemiology and chronic disease epidemiology. Medical education in India is virtually bereft of exposure to epidemiology, apart from a few perfunctory and non-controversial explanations in the

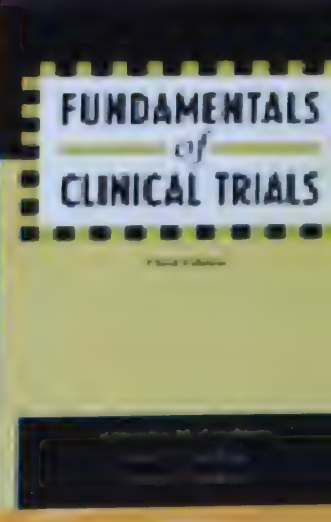
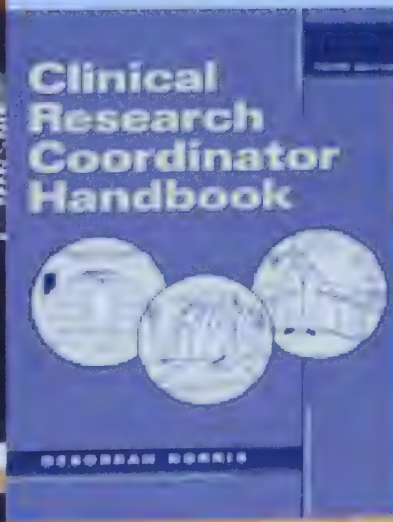
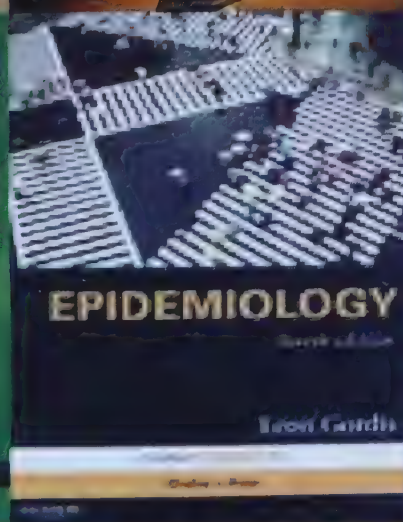
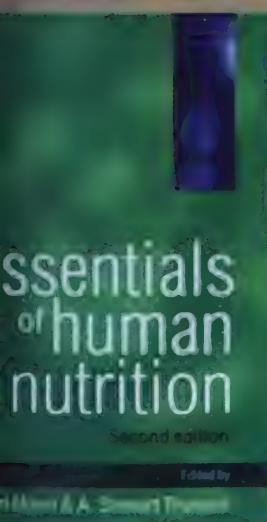
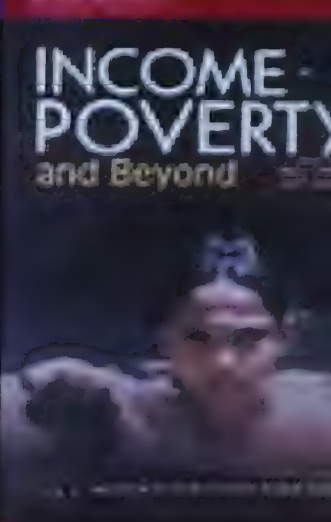
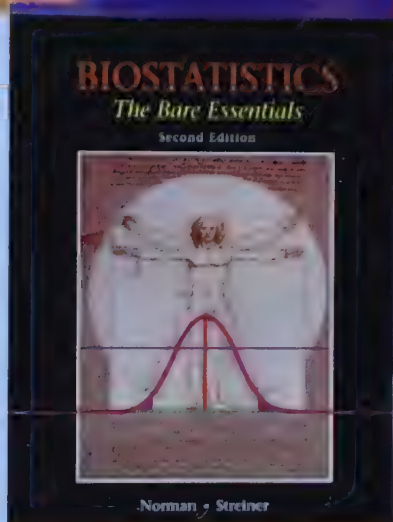
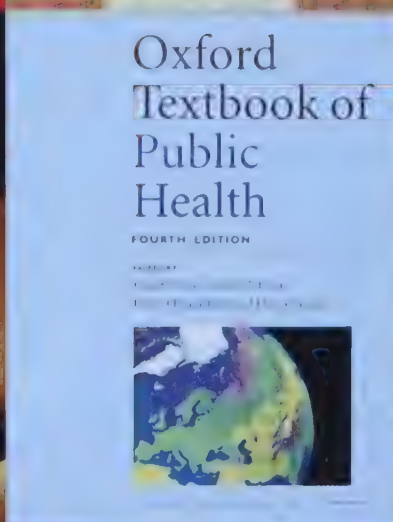
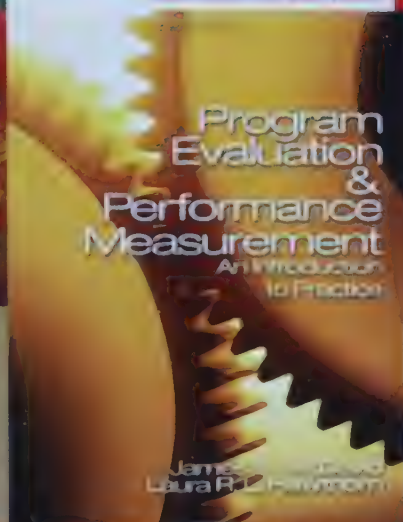
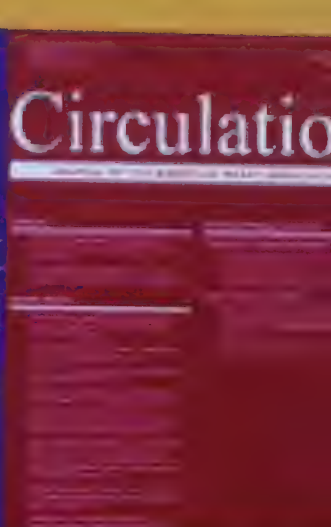
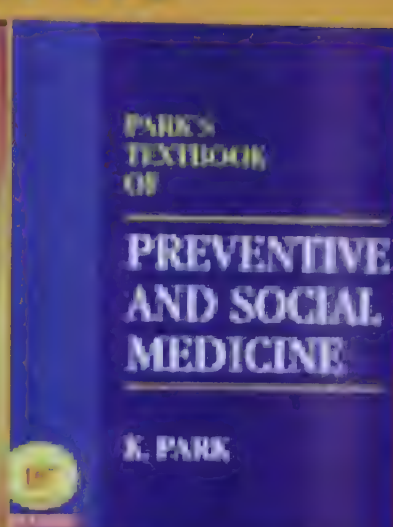
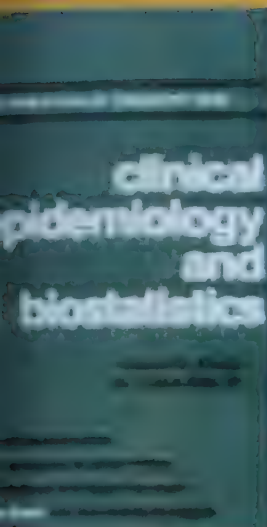
cially in the settings where clinical subjects are taught. Concepts related to confidentiality and informed consent are neglected or notionally dealt with. Patient rights do not figure in any clinical discourse, in a conventional medical college. Unfortunately, role modelling by senior doctors is deficient in this vital area of medical education.

**Empathy:** Lack of empathy is a fundamental flaw of modern medical education. It relates to the role definition of a doctor during the years of medical schooling and determines whether a medical professional views his or her role, vis-à-vis a patient, as an impersonal provider of services, a paternalistic benefactor or a learned facilitator. Unfortunately, the structure of conventional medical education distorts the process by which this role is defined in the mind of the





# RESOURCE CENTRE







## **Libraries of PHFI and IIPHs:**

The Resource Centre and the libraries of Public Health Foundation of India (PHFI) and Indian Institutes of Public Health (IIPH) Hyderabad, Gandhinagar and Delhi is slowly but steadily emerging. The aim of the Resource Centre of PHFI is to develop a special library for academics, researchers, faculty, staff and students of IIPH and other scholars to access digital resource materials as well as get books and journal articles related to public health.

## **Accomplishments and Strengths**

Public Health Foundation of India Resource Centre and Library (PHFIRC) Implemented the KOHA Open Source Software absolutely free which has all the features of commercial software, thus saving nearly Rs 10 lakhs. Books and reports have been catalogued and processed in the software for easy access to resources of the Library. WEB OPAC (Online Public Access Catalogue) available at <http://125.63.71.213> NewsNIC Software was acquired from National Informatics Centre Selected Public Health related newspaper clippings is updated each day and emailed to all staff of PHFI and IIPHs. Nearly 7000 news clippings are now available in the archives at <http://125.63.71.211/library> A web portal for users is created to get access to resource materials so that users can get to know what is available in the library from their own desktops. [www.freewebs.com/phfirc](http://www.freewebs.com/phfirc).

Implemented DSPACE software free of cost with support from IT section of PHFI and customized the WEB OPAC as per PHFI web page by an expert who gave his time for free. This is for carrying out archiving of institutional repositories. The institutional repository is available at <http://125.63.71.213:8080/dspace/>.

The PHFI Librarian personally solicited and networked with UNICEF, UNFPA, WHO, WORLD BANK and US Library of Congress on health for the IIPHs Libraries to receive books and resource materials as donations in addition to exchange programs. A total of collections received are more than 1000 books for PHFI and IIPH Gandhinagar, Hyderabad. and Delhi. More resources are expected.

Enabled the activation of DELNET (Developing Library Network) for getting access to Union catalogues and databases from 1200 libraries across India. Users can now avail of their services by making online request of books and journal articles that are not available with us with the PHFI Librarian as the moderator.

Reference service is being carried out and Selective Dissemination Information is done by sending emails. Books, journals, film CDs and journal articles are being circulated to all staff on request.

## **Other Significant Activities:**

Networking and identifying low cost India specific resources for maximizing Knowledge base of PHFI and IIPHs. Acquiring books/CDs and resource materials such as statistical softwares for all IIPHs and PHFI is an ongoing activity and a format for request for books purchase is available for faculty and staff.

The PHFI Library also regularly provides bibliographic support on demand to all



including South Asia Network for Chronic Diseases. There are ongoing Information Literacy presentations to all PHFI and IIPHs new staff and students so that they are able to know what is available and how to access the resources.

The Library also coordinates in organizing talks on scholarships available. Recently USEFI had come to give a presentation to our staff on the Fullbright Scholarship available and how to apply for the same. There was an online Public Health Quiz for all PHFI and IIPHs on World Book Day on 23rd April, 2009.

The Library staff visits other Libraries for networking with the Health Librarians and attends workshops and training to get support in sharing of resources on health.

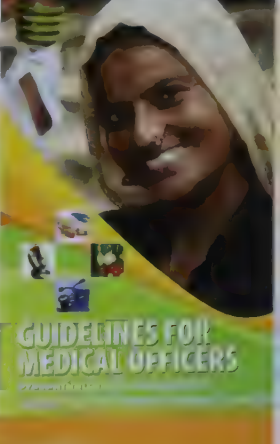
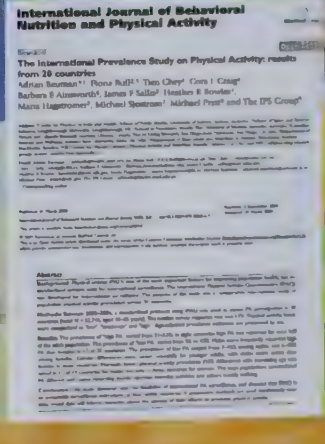
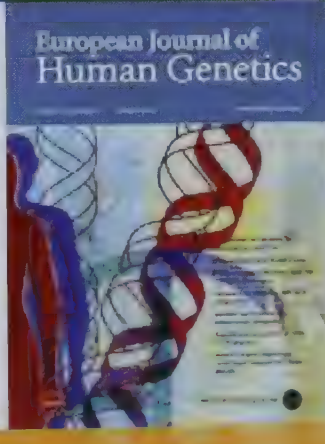
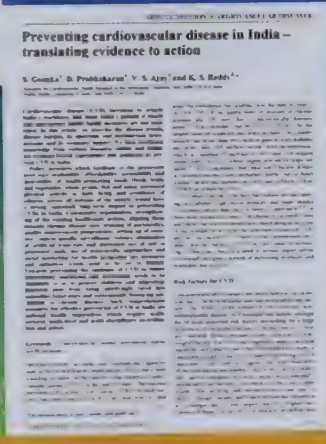
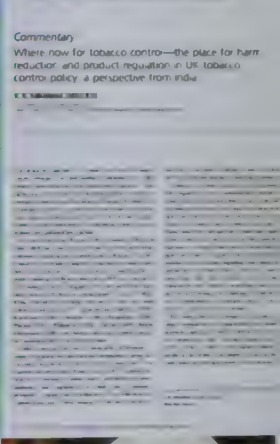
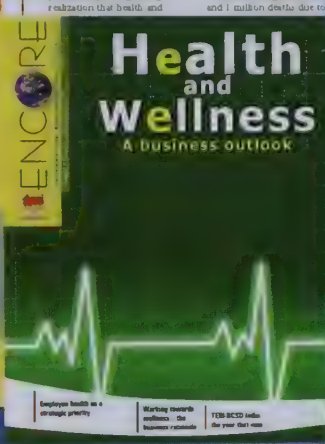
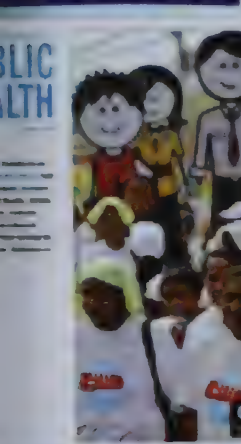
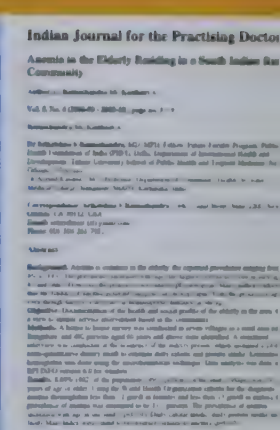
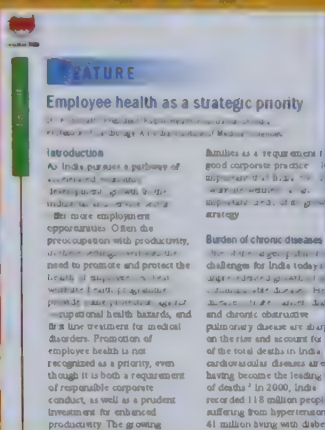
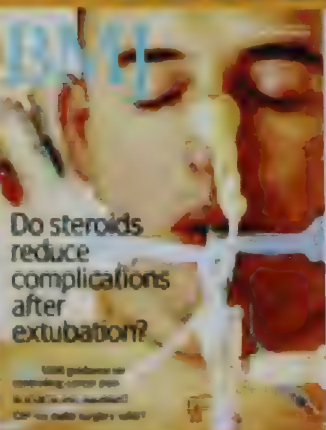
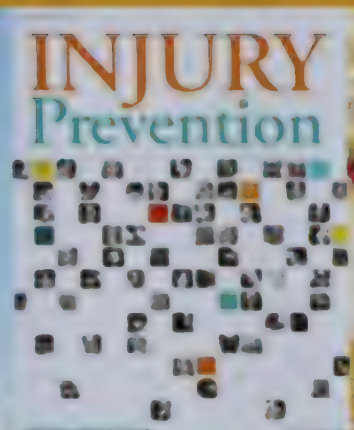
PHFI Library initiated and received a grant for two computers, one back up server for all IIPHs and Refworks 15 User Licences (that takes care of bibliographies) from MCH Star Project, funded by USAID.

### **Disabled Friendly Library**

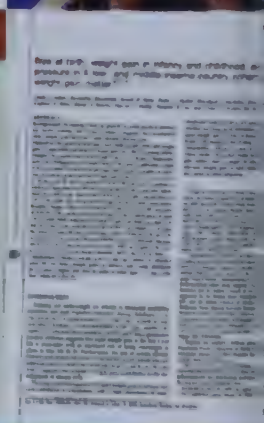
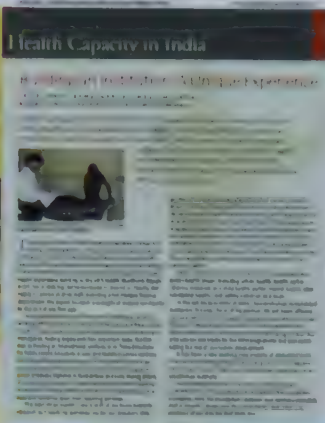
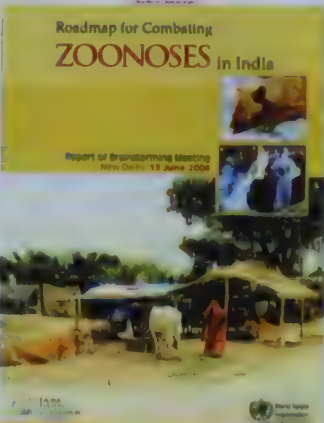
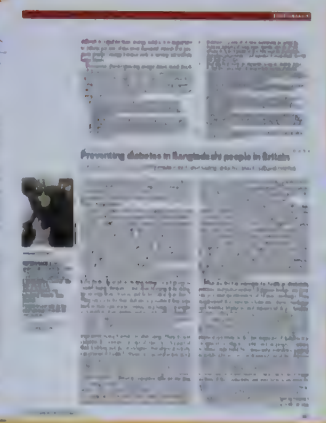
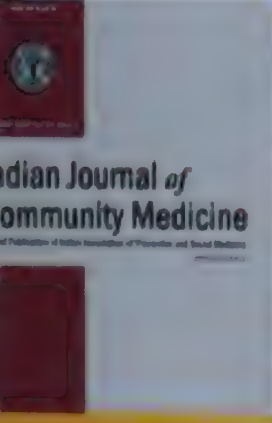
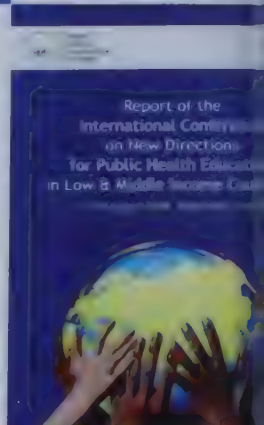
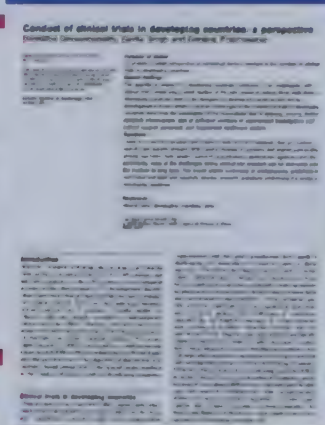
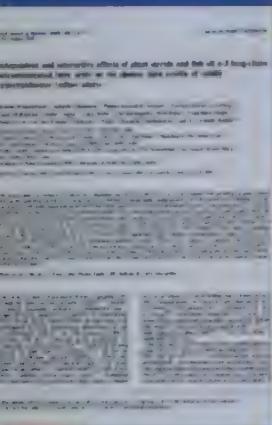
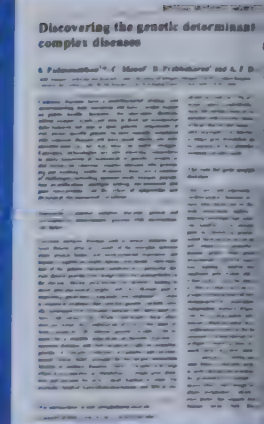
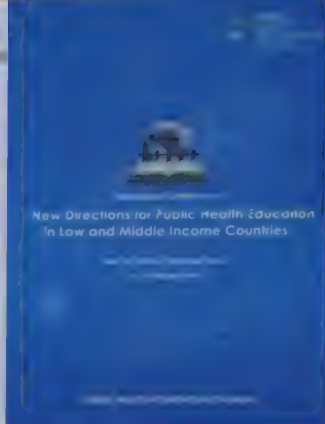
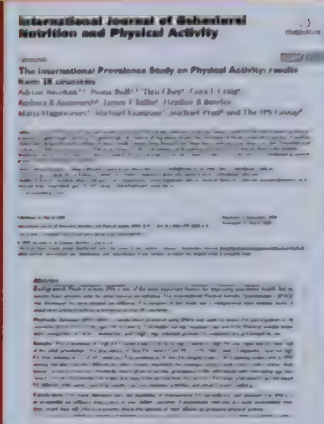
Recently PHFI Library has taken a step ahead to make it a disabled friendly Library. Visually impaired persons can also now access PHFI Library resources and navigate websites within the Library premises at PHFI. Attempts are being made to give access to other categories of disabled persons as well.



# PUBLICATIONS









SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	JOURNAL
1	Impact of worksite intervention programme on cardiovascular risk factors: a demonstration project in Indian Industrial Population.	Prabhakaran D, Jeemon P, Goenka S, Lakshmy R, Thankappan KR, Ahmed F, Joshi PP, Mohan BV, Meera R, Das MS, Ahuja RC, Saran RK, Chaturvedi V, Reddy KS.	2009	J Am Coll Cardiol 2009 May 5; 53(18): 1718-28.
2	Preventing Tobacco Use Among Young People in India: Project MYTRI	Perry CL, Stigler MH, Arora M, Reddy KS.	2009	Am J Public Health 2009; 99: 899-906.
3	Improved Method of Total Antioxidant Assay	Gupta R, Sharma M, Lakshmy R, Prabhakaran D, Reddy KS.	2009	Indian J Biochem Biophys 2009; 46: 126-129.
4	Fatal and Nonfatal Cardiovascular Disease and the Use of Therapies for Secondary Prevention in a Rural Region of India	Joshi R, Clara KC, Raju PK, Raju R, Reddy KS, Stephen Metal	2009	Circulation 2009; 119: 1950-55.
5	Pictorial health warnings are a must for effective tobacco control.	Reddy KS, Arora M.	2009	Indian J Med Res 2009; 129: 468-71.
6	Towards a common definition of global health.	Koplan J, Bond C, Merson MH, Reddy KS, Rodriguez MH, Sewankambo KN, et al.	2009	Lancet 2009; 373: 1993-95.
7	An Assessment of interactions between global health initiatives and country health systems (WHO Maximizing Positive Synergies Collaborative Group)	Rao KD, WHO Maximizing Positive Synergies Collaborative Group & Reddy KS (Indian authors).	2009	Lancet 2009; 373: 2137-69
8	Psychosocial Mediators of a School-Based Tobacco Prevention Program in India	Bate SL, Stigler MH, Thompson MS, Arora M, Perry CL, Reddy KS, Machinnon DP.	2009	Prev Sci 2009 Nov 21;10: 116-28
9	An introduction to Epidemiological Research Design (1)	Saxena DB, Sharma VK, Prakash MM, Saxena A.	2009	Ind Res Comm 2009; 3(1) 6-8.
10	Impact of weight, height and age on blood pressure among school children	Patel AB, Saxena DB, Shah HM, Singhal D, Sharma VK.	2009	Internet Journal of Family Practice 2009;7(2)
11	Determinants of Breast Feeding behaviors in women of South Gujarat; A rural-urban comparison.	Saxena DB, Shah H, Moitra M, Singhal D.	2009	Ind Res Comm 2009;3(1) 11-15
12	Tackling health inequalities in India	Rao M.	2009	Perspectives in Public Health
13	Public Health Research in India - Time for a paradigm shift	Zodpey SP.	2009	Indian J Public Health 2009; 53: 75-8.
14	Building an institution: a unique experience	Ramachandra SS.	2009	Global Health Spring/ Summer 2009;8 (2)
15	"Its 100% for Me": Hospital Practitioners' Perspectives on Mandatory HIV Testing.	Sheikh K, Porter J.	2009	Indian J Med Ethics. 2009; 6(3): 132-7.
16	Independent and interactive effects of plant sterols and fish oil n-3 long chain polyunsaturated fatty acids on the plasma lipid profile of mildly hyperlipidemic Indian adults.	Khandelwal S, Demonty I, Jeemon P, Lakshmy R, Mukherjee R, Gupta R et al.	2009	Br J Nutr 2009; 102: 722-32.
17	Are self-reports of health and morbidities in developing countries misleading? Evidence from India.	Subramanian SV, Subramaniam MA, Selvaraj S, Kawachi I.	2009	Soc Sci Med 2009; 68: 260-5.
18	The International Prevalence Study on Physical Activity: results from 20 countries.	Bauman A, Bull F, Chey T, Craig CL, Ainsworth BE, Sallis JF, et al.	2009	Int J Behav Nutr Phys Act 2009 Mar 31; 6:21
19	Social perception about sickle cell disease and its prevention in unmarried tribal males of Gujarat.	Saxena DB, Shah H, Bhardwaj P, Jha T.	2009	Biomedicine 2009; 29 (1): 76 - 8.



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	JOURNAL
20	Media response to disaster.	Saxena DB, Shah HM, Mishra P.	2009	Indian J Med Sci. 2009; 63(1): 28-9.
21	Improved Method of Total Antioxidant Assay.	Gupta R, Sharma M, Lakshamy R, Prabhakaran D, Reddy KS.	2009	Indian J Biochem Biophys 2009; 46: 126-9
22	View Point: Training in clinical research in India: Potential and challenges	Zodpey SP, Negandhi HN.	2009	Indian J Community Med 2009;34(3)
23	Oseltamivir (Tamiflu®) for pandemic influenza in India: Some issues.	Singh AA.	2009	Natl Med J India 2009;22(2): 103
24	India can do more for breast and cervical cancer control.	Singh AA.	2009	Asian Pac J Cancer Prev 2009 Jul-Sep; 10(3): 527-30
25	Where now for tobacco control – the place for harm reduction and product regulation in UK tobacco control policy; a perspective from India.	Srikrishna SR, Rao M.	2009	J Public Health,2009 Mar;31(1):13-4. Epub 2008 Dec 24
26	Predicting adult metabolic syndrome from childhood body mass index: Follow-up of the New Delhi birth cohort.	Sachdev HS, Osmond C, Fall C, Lakshmy R, Ramji S, Biswas SK, et al.	2008	Arch Dis Child.2008; 0: adc. 2008. 140905v1
27	A study of morbidity pattern in street sweepers: A cross-sectional study.	Sabde YD, Zodpey SP.	2008	Indian J Community Med 2008; 33: 225-8.
28	Assessing self care component of activities and participation domain of the International Classification of Functioning, Disability and Health (ICF) among people living with HIV and AIDS.	Gaidhane A, Quazi SZ, Waghmare L, Zodpey SP, Goyal RC, Johrapurkar SR.	2008	AIDS Care 2008 Oct; 20(9): 1098-104.
29	Contemporary issues in public health governance – an Indian perspective.	Zodpey SP, Negandhi HN.	2008	Indian J Public Health 2008 Apr-Jun; 52(2): 96-9.
30	Immunogenicity and Safety of Abhay M Tm and M-Vac Tm Vaccines in Healthy Infants: A Phase III Multicentric Randomized Single Blind Trial.	Zodpey SP, Agarkhedkar SR, Reddy GA, Rao MIS, Shenoy UV, Keshava MSR, et al.	2008	Indian J Public Health 2008 Jan-Mar; 52(1): 5-10.
31	Plant sterols, fish oil omega-3s, and their combination improve the plasma lipid profile in mildly hyperlipidemic Indian adults.	Khandelwal S, Demonty I, Jeemon P, Lakshmy R, Mukherjee R, Gupta R, et al.	2008	Atheroscler Suppl 2008; 9(1): 137
32	Prevalence and pattern of childhood morbidity in a tribal area of Maharashtra.	Giri VC, Dhage VR, Zodpey SP, Ughade SN, Biranjan JR.	2008	Indian J Public Health 2008 Oct-Dec;52(4): 207-9.
33	Prevalence and some epidemiological factors of Beta thalasaemia trait in Sindhi community of Nagpur city, India.	Mulchandani DV, Fulare MB, Zodpey SP, Vasudeo ND.	2008	Indian J Public Health 2008 Jan-Mar; 52(1): 11-5.
34	Preventing diabetes in Bangladeshi people in Britain (Editorial).	Goenka S.	2008	BMJ 2008 Nov 4: 337
35	Respiratory morbidity among street sweepers working at Hanuman-Nagar Zone of Nagpur Municipal Corporation, Maharashtra.	Sabde YD, Zodpey SP.	2008	Indian J Public Health 2008 Jul-Sep; 52(3): 147-9.
36	Resumption of sexual activity and sexual problems after myocardial infarction in males.	Deshpande SG, Zodpey SP, Athavale AV, Hinge AV, Lanjewar HR, Ughade SN.	2008	News Views 2008; 84: 11-4.
37	Substance abuse among street children in Mumbai.	Gaidhane AM, Quazi SZ, Waghmare L, Shanbhag S, Zodpey SP, Johrapurkar SR.	2008	Vulnerable Children and Youth Studies 2008; 3: 42-51.

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	JOURNAL
38	The effect of wealth status on care seeking and health expenditures in Afghanistan.	Steinhardt LC, Waters H, Rao KD, Naeem JA, Hansen P, Peters DH.	2008	Health Policy Plan 2008 Dec 5;24: 1-17.
39	Client perceptions of the quality of primary care services in Afghanistan.	Hansen PM, Peters DH, Viswanathan K, Rao KD, Mashkoor A, Burnham G.	2008	Int J Qual Health Care 2008 Sep 16; 20(6): 384-91.
40	Anemia in the elderly residing in a South Indian rural community.	Ramachandra SS, Kasthuri A.	2008	Indian Journal for the Practising Doctor 2008 Sep-Oct ; 4: 5-9.
41	Social analysis of sex imbalance in India: before and after the implementation of the Pre-Natal Diagnostic Techniques (PNDT) Act.	Subramanian SV, Selvaraj S.	2008	J Epidemiol Community 2008 Nov 26; 63: 245-52.
42	Linking Global Youth Tobacco Survey 2003 and 2006 Data to Tobacco Control Policy in India.	Sinha DN, Gupta PC, Reddy KS, Prasad VM, Rahman K, Warren CW, et al.	2008	J Sch Health 2008; 78: 368-73
43	Reply	Prabhakaran P, Ajay VS, Prabhakaran D, Reddy KS.	2008	J Am Coll Cardiol 2008 Jul 1; 52(1): 84.
44	Intensive blood glucose control and vascular outcomes in patients with type 2 diabetes.	ADVANCE Collaborative Group Tandon N and Reddy KS (Indian authors).	2008	N Engl J Med 2008; 358(24): 2560-72.
45	Surveillance for risk factors of cardiovascular disease among an Industrial Population in Southern India	Mohan V, Deepa M, Farooq S, Prabhakaran D, Reddy KS.	2008	Natl Med J India 2008; 21: 8-13.
46	Is central obesity a better discriminator of the risk of hypertension than body mass index in ethnically diverse populations?	Obesity in Asia Collaboration	2008	J Hypertens. 2008 Feb; 26(2):178-81
47	Ethnic comparisons of the cross-sectional relationships between measures of body size with diabetes and hypertension.	Huxley R, James WPT, Barzi F, Patel JV, Lear SA, Suriyawongpaisal P, et al.	2008	Obes Rev 2008; 9 Suppl 1: 53-61.
48	Wellness in the Workplace: A Multi-Stakeholder Health-Promoting Initiative of the World Economic Forum.	Leurent H, Reddy KS, Voûte J, Yach D.	2008	Am J Health Promot 2008; 22(6): 379-80.
49	Tracking progress toward elimination of Iodine Deficiency Disorders (IDD) in Jharkhand.	Patro BK, Saboth P, Zodpey SP, Shukla A, Karmarkar MG, Pandav CS.	2008	Indian J Community Med 2008;33: 182-185
50	Development of a clinical risk score in predicting undiagnosed diabetes in urban Asian Indian adults: a population-based study.	Chaturvedi V, Reddy KS, Prabhakaran D, Jeemon P, Ramakrishnan L, Shah P, Shah B.	2008	Prev Control 2008: 141-51.
51	Prevalence and determinants of diabetes mellitus in the Indian Industrial population. Diabetic Medicine.	Ajay VS, Prabhakaran D, Jeemon P, Thankappan KR, Mohan V, Ramakrishnan L, et al.	2008	Diabet Med 2008;25: 1187-94.
52	"The Cost Effectiveness of Traffic Enforcement: Case Study from Uganda."	Bishai, David, Brian A, Syed A, Adnan AH, William B.	2008	Inj Prev 2008; 14: 223-27.
53	Tobacco Use Among Young People in Urban India. The role of socioeconomic status.	Mathur C, Stigler MH, Perry CL, Arora M, Reddy KS.	2008	Nicotine Tob Res 2008;10(1): 109-16.
54	A Simple, cost-effective quality assurance model for measurement of lipids in a large epidemiological study.	Lakshmy R, Gupta R, Karta CC, Malathi T, Nigam PK Akarte NR et al.	2008	Natl Med J India 2008; 21: 279-83.
55	Associations Between Tobacco Marketing and Use Among Urban Youth in India.	Arora M, Reddy KS, Stigler MH, Perry CL.	2008	Am J Health Behav 2008; 32(3): 283-94.



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	JOURNAL
56	Epidemiology and causation of coronary heart disease and stroke in India.	Gupta R, Joshi P, Mohan V, Reddy KS, Yusuf S.	2008	Heart. 2008; 94(1): 16-26.
57	Intermediate Outcome from Project MYTRI; Mobilizing Youth For Tobacco-Related Initiatives in India	Stigler MH, Perry CL, Arora M, Shrivastav R, Mathur C, Reddy KS.	2007	Cancer Epidemiol Biomarkers Prev 2007; 16: 1050-6.
58	Cardiovascular disease and risk factors among 345 adults in rural India-the Andhra Pradesh Rural Health Initiative.	Chow C, Cardona M, Raju PK, Iyengar S, Sukumar A, Raju R, et al.	2007	Int J Cardiol 2007 Mar 20;226(2): 180-5.
59	Opportunities and vulnerabilities of female migrants in construction work in India.	Bhattacharya SK, Korinek K.	2007	Asia Pacific Migration Journal 2007;16(4)
60	The effect of quality improvement on the use and equality of outpatient health services in India.	Rao KD, Peters DH.	2007	Health Economics 2007; 16(8): 799-813.
61	The preventive poly pill-much promise, insufficient evidence.	Reddy KS.	2007	N Engl J Med 2007;356(3): 212
62	Risk factors for early myocardial infarction in South Asians compared with individuals in other countries.	Joshi P, Islam S, Pais P, Reddy KS, Prabhakaran D, Kazmi K, Pandey MR et al.	2007	JAMA 2007; 297(3): 286-94.
63	Differences in the prevalence of metabolic syndrome in urban and rural India: a problem of urbanization.	Prabhakaran D, Chaturvedi V, Shah P, Manhapra A, Jeemon P, Shah B, Reddy KS.	2007	Chronic Illn 2007; 3: 8-19.
64	Risk factors related to the development of diabetes in men working in a north Indian industry.	Prabhakaran D, Chaturvedi V, Ramakrishnan L, Jeemon P, Shah P, Snehi U, Reddy KS.	2007	Natl Med J India 2007; 20: 4-10.
65	Impact of a comprehensive telephone-based disease management programme on quality-of-life in patients with heart failure.	Ramachandran K, Husain N, Maikhuri R, Seth S, Vij A, Kumar M, et al.	2007	Natl Med J India 2007; 20: 67-73.
66	Is a multidrug regimen cost-effective for the prevention of cardiovascular disease in resource-poor countries?	Reddy KS.	2007	Nat Clin Pract Cardiovasc Med 2007; 4: 130-2.
67	Effects of a fixed combination of perindopril and indapamide on macrovascular and microvascular outcomes in patients with type 2 diabetes mellitus (the ADVANCE trial): a randomised controlled trial.	ADVANCE Collaborative Group Tandon N and Reddy KS (Indian authors).	2007	Lancet 2007; 370: 829-40.
68	India Wakes Up to the Threat of Cardiovascular Diseases.	Reddy KS	2007	JACC 2007; 50: 1370-2.
69	Migration is associated with lower total, but not free testosterone levels in South Asian men.	Heald AH, Patel J, Anderson SG, Vyas A, Rudenski A, Hughes E, et al.	2007	Clin Endocrinol (Oxf) 2007 Nov; 67(5): 651-5.
70	Educational status and cardiovascular risk profile in Indians.	Reddy KS, Prabhakaran D, Jeemon P, Thankappan KR, Joshi P, Chaturvedi V, et al.	2007	Proc Natl Acad Sci U S A. 2007; 104: 16263-8.
71	Poverty and human development: the global implications of cardiovascular disease.	Beaglehole R, Reddy KS, Leeder SR.	2007	Circulation. 2007; 116:1 871-3.
72	Scaling up interventions for chronic disease prevention: the evidence.	Gaziano TA, Galea G, Reddy KS.	2007	Lancet 2007; 370: 1939-46.
73	Prevention of cardiovascular disease in high-risk individuals in low-income and middle-income countries: health effects and costs.	Lim SS, Gaziano TA, Gakidou E, Reddy KS, Farzadfar F, Lozano R, et al.	2007	Lancet 2007; 370: 2054-62.
74	Chronic Disease Action Group. Prevention of chronic diseases: a call to action.	Beaglehole R, Ebrahim S, Reddy KS, Voûte J, Leeder S.	2007	Lancet 2007 Dec 22; 370: 2152-7.
75	Global cardiovascular disease research survey.	Prabhakaran P, Ajay VS, Prabhakaran D, Gottumukkala AK, Shrihari JS, Snehi U, Joseph B, Reddy KS.	2007	J Am Coll Cardiol 2007 Nov; 50(24): 2322-8.

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	JOURNAL
76	Waist Circumference Thresholds Provide an Accurate and Widely Applicable Method for the Discrimination of Diabetes.	Reddy KS.	2007	Diabetes Care 2007; 30: 3116-18.

## BOOKS, CHAPTERS AND MONOGRAPHS

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
1	"The Health Practitioner's Guide to Climate Change- Diagnosis and Cure"	Edited by Griffiths J, Rao M, Adshead F and Thorpe A.	2009	Book due to be launched both in Britain and in India in September 2009
2	The Development of the Discipline of Public Health in Countries in an Economic Transition- India, China, Brazil (Chapter)	Thakker P and Reddy KS.	2009	Oxford Textbook of Public Health –The Scope of Public Health 5th Ed. New York: OUP; 2009: p. 65-81.
3	Regulating and restricting the availability of TB medicines in Tanzania and Zambia: a policy process review	Sheikh K.	2009	Monograph (Stop TB Dept, WHO HQ)
4	Guidelines for Medical officers- Prevention and Management of Cardiovascular Diseases, Diabetes and Stroke.	Prabhakaran D, Tandon N, Roy, A, Padma M V, Goenka S.	2009	National Program for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke. New Delhi: NRHM (GOI); 2009.
5	Evidence Based Cardiology, Third Edition (Chapter on Global Prospective)	Reddy KS.	2009	Salim Yusuf, John Cairns, John Camm editors. Evidence Based Cardiology. 3rd ed. 2009.
6	Nutrition and Cardiovascular diseases	Reddy KS.	2009	Salim Yusuf, John Cairns, John Camm editors. Evidence Based Cardiology. 3rd ed. 2009.
7	Smart Student Series for Community Medicine	Saxena DB.	2009	Reed Elsiwer Publications (In Press)
8	Morbidity pattern and health seeking behaviour among the tribals of North Central Subregion of India. (Book Chapter)	Neogi SB.	2009	Tribal Issues of North Central Sub region of India. (Book Chapter)
9	Sex selection technique and declining sex ratio in India. (Book Chapter)	Neogi SB, Singh AJ.	2009	Demedicalization of women's health in India (Book Chapter)
10	Disability in India: Dimensions and Welfare Measures.	Somayajulu UV, S AC, Purujit P.	2009	In Singh KK, Yadava RC, Pandey Arvind editors: Population, Poverty and Health: Analytical Approaches, Hindustan Publishing Corporation 2009.
11	Recurrent Costs of India's Free ART Program.	Gupta I, Trivedi M and Kandamuthan S.	2009	I Mariam Claeson HIV and AIDS in South Asia An Economic Development Risk. Washington D.C.: World Bank Publications; 2009; p. 191-238.



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
12	Public Health in India. Global Public Health: A New Era	Reddy KS, Thakker P.	2009	Public Health in India. Global Public Health: A New Era. 3rd ed. UK: OUP; 2009.
13	Text Book for PG Medical Entrance Examination	Saxena D.	2009	Text book, Elsevier Publishers
14	The Polypill.	Reddy KS, Naik N, Roy A.	2008	In Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson LJ, Loscalzo J editors. Harrison's Principles, of Internal Medicine. e-ed. 2008.
15	The Genetics of Coronary Heart Disease: Perspectives and Challenges.	Prabhakaran D, Goenka S.	2008	In Cardiology Update Bahl VK, Ramakrishnan S, Math RS editors. Cardiology Society of India, New Delhi: Thompson Press; 2008. p. 116-121.
16	Non-Communicable Diseases	Reddy KS, Tandon R.	2007	Gupta P, Ghai O.P. editors. Textbook of Preventive and Social Medicine. 2nd ed. New Delhi: CBS Publishers & Distributors; 2007. p. 359-456.
17	The Tobacco Pandemic	Reddy KS, Arora M, Shrihari JS.	2007	Gupta P, Ghai O.P. editors. Textbook of Preventive and Social Medicine. 2nd ed. New Delhi: CBS Publishers & Distributors; 2007. p. 633-671.
18	Food, Nutrition, Physical Activity and The Prevention Of Cancer: A Global Perspective.	Reddy KS: Expert panel member.	2007	World Cancer Research Fund/ American Institute for Cancer Research. Washington DC: AICR; 2007.
19	Treatment guidelines: The Third World. Chapter 98.	Reddy KS, Naik N, Prabhakaran D.	2007	In Lip GYH, Hall JE editors. Comprehensive Hypertension. Philadelphia. Mosby Elsevier; 2007. p. 1185-93.
20	'Introduction: Four Approaches to defining and measuring poverty'.	Stewart F, Ruggeri-Laderchi C and Saith R.	2007	In F. Stewart, R. Saith and B. Harriss-White. editors. Defining Poverty in Developing Countries. U.K: Palgrave; 2007. p. 1-35.
21	'Capabilities: The concept and its implementation'.	Saith RR.	2007	In F. Stewart, R. Saith and B. Harriss-White editors. Defining Poverty in Developing Countries. UK: Palgrave; 2007. p. 55-74.
22	'Social Exclusion: The concept and application to developing countries'.	Saith RR.	2007	In F. Stewart, R. Saith and B. Harriss-White editors. Defining Poverty in Developing Countries. UK: Palgrave; 2007. p. 75-90.

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
23	'Poverty in India: a comparison of different approaches.'	Saith RR with contributions from Sharma A.	2007	In F. Stewart, R. Saith and B. Harriss-White editors. Defining Poverty in Developing Countries. UK: Palgrave; 2007.p. 114-59.
24	'Alternative Realities? Different concepts of poverty, their empirical consequences and policy implications: overview and conclusions.'	Stewart F, Saith R, Franco S, and Harriss-White B.	2007	In F. Stewart, R. Saith and B. Harriss-White editors. Defining Poverty in Developing Countries. UK: Palgrave; 2007. p. 217-37.
25	'Defining Poverty in Developing Countries'	Stewart F, Saith RR, Harriss-White B (eds).	2007	Defining Poverty in Developing Countries' F. Stewart, Saith R.R. and B. Harriss-White editors. UK: Palgrave; 2007.
26	Pesticide Use and Female Agricultural Labourers: A Review	Nakkeeran N.	2009	Chapter in edited book by Dr. Pushpita Das. (Sent for publication)
27	India's Health Providers – Diverse Frontiers, Disparate Fortunes. (Chapter)	Sheikh K, George A.	2009	In Sheikh K, George A. editors. Health Providers in India: On the Frontlines of Change. New Delhi: Routledge; 2009. (Forthcoming)
28	"Analysis and Synthesis of Information on Human Resources for Health from Multiple Sources: Selected Case Studies".	Nigenda G, Ruiz JA, Bhatnagar A, Rao KD, Raha S, Indrani S.	2009	In Handbook on Monitoring and Evaluation of Human Resources for Health with Special Applications for Low and Middle Income Countries. Geneva: World Health Organisation; 2009. (Forthcoming)
29	Understanding Practitioners' Responses to National Policy Guidelines. (Chapter)	Sheikh K, Porter J.	2009	In Sheikh K, George A. Eds. Health Providers in India: On the Frontlines of Change Geneva: World Health Organisation; 2009. (in press)
30	Powering India's Growth". National and state policies which foster physical activity and consumption of healthy foods in everyday living, will power sustainable growth and long-term prosperity in India	Goenka S, Ajay VS, Jeemon P, Prabhakaran D, Cherian V, Reddy KS.	2007	Published by CCDC, WHO-Country Office and Public Health Foundation of India, 2007



## REPORTS &amp; PERIODICALS

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
1	Employee Health as a strategic Priority	Reddy KS.	2009	Encore 6(1). Jan-Mar 2009. New Delhi: TERI; 2009; 4-6
2.	Health Promotion on worksites: Preventing Cardiovascular Diseases in the Indian Industrial Population.	Prabhakaran D, Reddy KS, Goenka S.	2009	14 Encore 6(1). Jan-Mar 2009. New Delhi: TERI; 2009; 14-15)
3.	Exploring how disease specific programs in TB and HIV/AIDS interact with health systems.	Rao KD, Mathew SG, Bhatnagar A, Rajkumari B, Chokshi M, Kumar P, Hazarika I.	2009	India Case Study, report on: "Interactions between Global Health Initiatives and Health Systems: Evidence from countries" The maximizing positive synergies academic Consortium".
4.	"Environment and Health" chapter of the "State of Environment" Report for the state of Andhra Pradesh	Rao M, Lakshmi JK, Shailaja T, Pai VU.	2009	State of Environment Report, Andhra Pradesh
5.	"Environment and Health" chapter of the "State of Environment" Report for the city of Hyderabad	Rao M, Lakshmi JK, Shailaja T, Pai VU.	2009	State of Environment Report, Hyderabad
6.	Report of the second common review mission for the national rural health mission: The state of Orissa.	Sudarshan H, Priya R, Antony K R, Arora P, Shrivastava D, Panda R.	2009	NRHM Ministry of health and Family Welfare, Govt of India, New Delhi
7.	Determinants of Adherence in the Antiretroviral programme of the Government of India.	Gupta I, Trivedi M, Over M and Daminen DW.	2009	Discussion paper no. 134/2009, Institute Of Economic Growth, April 2009
8.	The Slow Decline In The Infant Mortality Rate In India: Can Governance Be An Explanation?	Gupta I, Trivedi M.	2009	Discussion paper no. 135/2009, Institute Of Economic Growth, April 2009
9.	Tobacco control bill, a simulation exercise	Ramachandra SS.	2009	Prepared and used for the "Teach The Teacher To Teach (T5) Program" (A joint initiative of PHFI and Global Health Initiative of Boston University) and also used as teaching material for public health courses at IIPH, Hyderabad.
10	Present scenario of quality of care in maternal health in India	Nair H, Panda RM.	2009	Solution Exchange for MCH Community Newsletter, Safe Motherhood Special
11	Infrastructure for ensuring Quality of Care	Panda RM, Sahoo PK, Khandpur N.	2009	Solution Exchange online publication
12	India's Health Workforce: Size, Composition and Distribution.	Rao KD, Bhatnagar A, Berman P, Saran I and Raha S.	2008	Technical Report #1. World Bank, New Delhi and Public Health Foundation of India, New Delhi (Forthcoming)
13	Human Resources for Health: Political Economy and Institutional Analysis of the Indian Context.	Raha S, Berman P, Saran I, Rao KD, Bhatnagar A.	2008	Technical Report #2. World Bank, New Delhi and Public Health Foundation of India, New Delhi(Forthcoming)

## BOOK REVIEWS

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
1.	Epidemiology for undergraduates [pg.269]	Zodpey S.	2009	July-September   Indian J Community Med 2009 Jul-Sep; 34(3)
2.	Quit Smoking – Why and How	Arora M.	2008	The National Medical Journal of India 2008; 21(4): 207 – 8

## CONFERENCE ABSTRACTS/PAPERS/POSTERS

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
1	'To capture sustainable health information and role of Information communication technologies: A Future Directions.'	Sathyanarayana TN.	2009	Paper presented at 'National seminar on services management – prospects & retrospect' University of Hyderabad. January 28 – 30, 2009.
2	Gender Based Violence and HIV/AIDS: Dual Epidemic and the Intersecting Risks.	Anitha CT, Bilali C.	2009	Abstract submitted for 9th ICAAP Conference at Bali, Indonesia.
3	"Achieving Millennium Development Goals for Maternal and Child Health in India – The Role of Human Resources".	Bhatnagar A, Rao K D.	2009	Paper presented at the "Health, Equity and Human rights - Sixth Conference organized by Indian Association for Social Sciences and Health" University of Pondicherry, Puducherry, India, March 2009
4	'Health Service Decisions and Role of Information Communication Technologies: A Conceptual Framework, Current Challenges and Future Directions- A Review in developing countries'.	Sathyanarayana TN.	2009	Poster presented at 'CMC Vellore -Winter symposium 2009 under the theme of 'health services and information technologies'
5	"New Media Devices for Participatory Learning": Oral presentation	Shailaja T.	2009	Poster Presented at "12th World Congress on Public Health", Istanbul, Turkey. 28 - Apr – 09
6.	"Healthcare Provider Physical Activity Prescription Intervention (Pilot)"	Roseann M L, Lakshmi J.	2009	Poster Presented at the American College of Sports Medicine meeting in Seattle, USA, May 2009
7.	Economics of Kala-Azar in Bihar and Nepal	Varghese B, Mukherjee N, Rijal S, Singh SP, Boelaert M.	2009	Paper Presented in International Health Economics Conference, Beijing July12-15 2009



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
8.	Economic Impact of Kala-azar on households in Bihar and Nepal.	Varghese B, Mukherjee N, Rijal S, Singh SP, Boelaert M.	2009	Paper Presented in World Leish Congress, Lucknow, February 3-7 2009.
9.	Cost of illness for Kala-azar in Bihar—a patient perspective.	Singh SP, Mukherjee N, Sundar S, Boelaert M, Varghese B.	2009	Paper Presented in World Leish Congress, Lucknow, February 3-7 2009.
10.	"Communication among sex workers—an essential ingredient for HIV prevention in Mumbai"	Singh A.	2008	Paper Presented in "India Seminar Day" Organized by Nossal Institute for Global Health, The University of Melbourne, October 8, 2008
11.	"The EmOC facilities in reducing Maternal Mortality in India" (A consultation on Assessing Institutional Capacities to Reduce Maternal Mortality and Morbidity)	Bhattacharya SK.	2008	Paper presented on the International Council on Management of Population Programmes, Malaysia, 2008
12.	Combating zoonoses: Integrated approach to capacity building.	Kakkar M.	2008	Lead presentation at International Symposium on Food Safety and VII Annual Conference of Indian Association of Veterinary Public Health Specialists, GB Pant University, Pantnagar; co-organized by GB Pant University and Michigan State University November 7-9, 2008
13.	Integration of Information/(evidence) Based Relief Aid Distribution into health system in Complex Emergencies.	Sathyanarayana TN.	2008	Paper presented in Vietnam "Emerging and re-emerging infectious diseases and Challenges in South East Asia"
14.	Nutritional Status of Children in India: A State level Analysis.	Chandran SA	2008	Paper presented at the 28th Annual Conference of Indian Association for the Study of Population, Bangalore 23-25 October 2008
15.	Disparity in ANC service utilization and child immunization coverage in rural Andhra Pradesh.	Srikrishna SR, Chandran A.	2008	Book of Abstracts, published by the Byrraju Foundation National Seminar on Rural Health Care, December 12th 2008.
16.	Addressing Social Determinants to improve Women and Child Health in Rural Areas.	Anitha CT Rao M.	2008	Book of Abstracts-Published by the Byrraju Foundation National Seminar on Rural Health Care, December 12th 2008.
17.	"Towards Better Maternal and Child Health in India – The Role of Human Resources".	Rao K D, Bhatnagar ARaha S.	2008	Paper presented at the "National Conference on Emerging Issues in Public Health in India"

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
				at the Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Thiruvanthapuram, India, January 2008
18.	Use of emergency department and hospital inpatient services by Hurricane Katrina evacuees, Georgia, 2005.	Singh V, Buehler JW, Wu M.	2008	Presented at the APHA Annual Conference at San Diego, California (USA) October 28, 2008
19.	Presentation on "Globalisation, Social Change and India's Elderly: Some debates from Equity and Health" was presented at Plenary 7 on Globalisation, Social Change and Health.	Bhan N.	2008	Paper presented at the Third AAAH (Asia-Pacific Action Alliance for Health) Conference on "Globalisation at its Implications of Health Care Services and Human Resources for Health" held on 12-15th October 2008 at Kandy, Sri Lanka.
20.	Presentation on "Asymmetries in Priorities: 21st Century Neo-capitalisms at work in setting Health Policy Agendas in Asia" in the Working Group on Europe and Asia: New Capitalisms in the 21st Century.	Bhan N.	2008	Paper presented at the International Conference on Global Governance for Sustainable Development organised by the European Association of Development Institutes (EADI) at Geneva (Switzerland), between 24-28 June 2008
21.	Young Voices in Research for Health, organised jointly by the Lancet and the Global Forum for Health Research for the essay titled "Climate change and health: research challenges for vulnerable populations".	Bhan N.	2008	Short-listed for the 2008 Essay Competition for the under-30s
22.	To compare the bronchodilatory (BD) effects of short acting beta agonists (SABA) – salbutamol and short acting anticholinergic agents (SAAC) – ipratropium among patients with varying severity of asthma and copd.	Raghupathy A.	2008	3rd prize for Poster presentation on IDM annual day conference, Graduate school of public health, University of Pittsburgh, USA.
23.	"How Many Health Workers, Who Are They and Where Are They? Using Multiple Sources of Information to Estimate the Health Workforce in India".	Bhatnagar A, Rao K D, Berman P, Raha S, Saran I.	2008	Poster presented at the "2008 Berkeley Conference on the Global Health Workforce" at University of California, Berkeley, USA, April 2008
24.	Poster Presentation titled "Delaying effects of education on age at marriage and age at first birth for women: Evidence from NFHS III".	Bhan N.	2008	Poster presented at the AMCCON 2008, at Sree Chitra Tirunal Institute for Medical



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
				Sciences and Technology, Trivandrum (Kerala, India) Jan 12th 2008
25.	Racial and ethnic differences in utilization of mental health services among White and Hispanic children and adolescent population	Shidhaye R.	2008	Poster presentation in Second Annual Conference for the Dissemination of Research on Addiction, Infectious Disease and Public Health on April 21, 2008 organized by Johns Hopkins School of Public Health, Baltimore, United States of America
26.	"Vulnerability of Women in Migration Process: A Case of Construction Migrants in India"	Bhattacharya SK.	2007	Paper Presented at National Seminar on Gender and Space: Discourses on Women in India, organised by Council for Social Development, New Delhi, 2007
27.	'Organizational issues and outcomes in Indian blood services: a systems approach.	Shailaja T.	2009	"XXth Regional Congress of the ISBT, Asia", November 14 - 18, 2009 (Accepted)
28.	Short-acting bronchodilatory drug responses among asthmatic and COPD patients- Age, and airway variations.	Raghupathy A.	2009	(2-4 Sept) Sixth Indo-Australian Biotechnology Conference, National Institute of Nutrition. (Accepted)
29.	Towards health equity and community health insurance as a pathway: A cross sectional study in Andhra Pradesh state, India.	Sathyanarayana TN, Raghupathy A.	2009	Paper accepted for conference at 'International Society for Equity in Health (ISEqH) ,5th International Conference, in partnership with Greek School of Public Health & Canadian Society for International Health. June 9, 11 2009 Crete, Greece.
30.	Effect of migration on food consumption patterns among Indian factory workers.	Bansal D, Satija A, Khandpur N, Kinra S, Bowen L, Prabhakaran D, Ebrahim S.	2009	Poster accepted for presentation at the 19th International Congress of Nutrition (ICN) to be held on 4-9th October 2009 at Bangkok, Thailand.

## ACCEPTED FOR PUBLICATION

SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
1	Polyphenols and tannins in Indian pulses: Effect of soaking, germination and pressure cooking	Khandelwal S, Udipi S and Ghugre P.	2009	Food Research International
2	Risk factors for HIV-1 infection in India: Evidence from the National Family Health Survey 3.	Hazarika I.	2009	The International Journal of STD & AIDS.
3	Medical Tourism: It's potential impact on workforce and health systems in India.	Hazarika I.	2009	Health Policy and Planning.
4	Impact of BRCA Mutations on Female Fertility and Offspring Sex Ratio	Moslehi R, Singh R, Lessner LL, and Friedman JM.	Jun 09	"American Journal of Human Biology"
5	Counselling for Optimal Breast feeding practices – A missed Opportunity in hospitalized delivery	Saxena DB, Moitra M, Kanthari SL.	Aug 09	Journal of Community Medicine.
6	Review on Revised guidelines for sputum smear examination under RNTCP	Saxena DB, Shah HM.	Aug 09	Bulletin of Drug and Health information
7	An introduction to Epidemiological Research Design (2)	Saxena DB, Sharma VK, Prakash MM, Saxena A.	Oct 09	Indian Research Communication
8	Epidemiology of Group A Streptococcal Pharyngitis and Impetigo in North India: A Cross Sectional and Follow-up Study	Kumar R Vohra H, Chakraborty A, Sharma YP, Bandyopadhyay S, Sharma V, Sagar V, Sharma M, Shah B, Ganguly NK.	2009	Indian Journal of Medical Research
9	Society, environment and policies- Unpacking evidence for chronic disease prevention in India.	Goenka S, Prabhakaran D, Ajay VS, Reddy KS.	2009	National Medical Journal of India
10	Abortion for fetal abnormalities in India: need for critical review.	Neogi SB.	2009	APJPH (Asia Pacific Journal for Public Health)
11	A review of multivariate longitudinal data analysis.	Bandyopadhyay S, Ganguli B, Chatterjee A.	2009	Statistical Methods in Medical Research
12	Village level Tsunami disaster assessment: a volunteer's perspective.	Srikrishna SR.	2009	Journal of Emergency Management, , Weston Medical Publishing, Boston, USA.
13	"Deepening Health Insecurity in India – Evidence from National Sample Survey Since 1980s".	Selvaraj Sand Karan A.	2009	Economic and Political Weekly, Forthcoming
14	An experiment with community health funds in Afghanistan.	Rao KD, Waters H, Steinhardt L, Alam S, Hansen P and Jan A.	2009	Health Policy and Planning. Forthcoming.
15	"Multidimensional Health Needs Assessment and Multipronged Strategic Approach: A Proposed Framework".	Sathyanarayana TN, Raghupathy A.	2009	Health services and planning- Forthcoming
16	Scrub typhus in Darjeeling, India: opportunities for simple, practical prevention measures.	Sharma PK, Ramakrishnan R, Hutin YJF, Barui AK, Manickam P, Kakkar M, Mittal V and Gupte MD.	2009	Transactions of the Royal Society of Tropical Medicine and Hygiene, In Press, Corrected Proof, Available online 14 March 2009.
17	HPV genotyping, variants and viral load in tumors, SILs and Controls in a North-Indian population subset.	Singh A, Datta P, Jain SK, Bhatla N, Dutta GS, Dey B, Singh N.	2009	Int J Gynecol Cancer
18	"Public Health Law in India - A scientific framework for its application as a tool for social change".	Hazarika S, Yadav A, Reddy K S, Prabhakaran D, Jafar T H, Venkatnarayan KM.	2009	National Medical Journal of India



SN	TITLE OF RESEARCH PAPER	AUTHORS	YEAR	EDITORS/PUBLISHER
19	Cost of illness of Kala-azar in Nepal: a patient perspective.	Rijal S, Uranw S, Mukherjee N, Boelaert M, Varghese B.	2009	Special issue "Visceral Leishmaniasis burden of disease: a Community perspective" in Tropical Medicine and International Health (TMIH)
20	Cost of illness of Kala-azar in Bihar: a patient perspective	Sundar S, Arora R, Singh SP, Mukherjee N, Boelaert M, Varghese B.	2009	Special issue "Visceral Leishmaniasis burden of disease: a community perspective" in Tropical Medicine and International Health (TMIH)
21	Examining sex differentials in the uptake and process of HIV testing in three high-prevalence districts of India	Joseph S, Kielmann K, Kudale A, Sheikh K, Shinde S, Porter J, Rangan S.	2009	AIDS Care
22	Economic Impact of Visceral Leishmaniasis on households in Bihar and Nepal	Varghese B, Mukherjee N, Singh S P, Rijal S, Boelaert M.	2009	Special issue "Visceral Leishmaniasis burden of disease: a community perspective" in Tropical Medicine and International Health (TMIH)
23	Neonatal Screening Program for G6PD Deficiency in India: Need and Feasibility	Nair H.	2009	Indian Pediatrics

## TECHNICAL STAFF

SN	NAME	LOCATION	DESIGNATION
1	Abbas, Syed Shahid	PHFI	Research & Training Fellow
2	Achat, Saraswathy	IIPH-G	Lecturer
3	Agarwal, Sutapa	SACD	Epidemiologist
4	Ahmed, G. Mushtaq	HIV Project	Field Manager - HIV
5	Akbar, Mohammed	HIV Project	Field Coordinator - HIV
6	Anchala, Raghupathy	IIPH-H	Senior Lecturer
7	Arora, Monika	PHFI	Head : Health Promotion and Tobacco Control Public Health Foundation of India
8	Babu, Giridhara	Future Faculty Fellow	FFP
9	Bansal, Dheeraj	PHFI	Senior Public Health Specialist
10	Basu, Swati Kishnajit	IIPH-H	Assistant Professor
11	Bhan, Nandita	Future Faculty Fellow	FFP
12	Bhattacharyya, Aruna	IIPH-D	Senior Lecturer
13	Bhattacharyya, K.Sanghita	PHFI	Public Health Specialist- Demography
14	Borhade, Anjali	IIPH D	FFP
15	Bose, Vijayaluxmi	PHFI	Specialist in Health Communication
16	Chandran, Anil	IIPH-H	Assistant Professor
17	Chauhan, Kavita	Future Faculty Fellow	FFP
18	Choksi, Maulik	IIPH-D	Senior Lecturer
19	Dandona, Lalit	HIV Project	Adjunct Professor
20	Dandona, Rakhi	HIV Project	Adjunct Additional Professor
21	Devasenapathy, Niveditha	IIPH-D	Lecturer
22	Ebrahim, Shaheen	SACD	Adjunct Professor
23	Farooqui, Habib Hasan	IIPH-D	Lecturer (at IIPH-D)
24	Ganguly, Parthasarathi	IIPH-G	Associate Professor
25	Gawari, sanjeeta	BMGF	Program Officer - BMGF (health advocacy and policy initiative)
26	George, Mathew Sunil	IIPH-H	Lecturer
27	Goenka, Shifalika	IIPH-D	Assistant Professor
28	Gupta, Deepesh	BMGF(HIV/AIDS) Project Team	Program Officer



SN	NAME	LOCATION	DESIGNATION
29	Gupta, Vipin	SACD	Research Fellow- Genetic Epidemiology
30	Hazarika, Indrajit	IIPH-D	Senior Lecturer
31	Jerath, Suparna Ghosh	IIPH-D	Lecturer
32	Kadam, Sridhar	IIPH-H	Assistant Professor
33	Kadri, Manzoor	Future Faculty Fellow	FFP
34	Kakkar, Manish	PHFI	Public Health Specialist
35	Khambampati, Rambabu	-	Senior Program Officer
36	Khan, Saira	PHFI	Consultant
37	Khandelwal, Shweta	PHFI	Research Fellow (Nutrition)
38	Khandpur, Neha	PHFI	Research Analyst
39	Khurana, Swati	SACD	Research Fellow
40	Kishore, K. Nanda	IIPH-H	Senior Lecturer
41	Kumar, Anil G.	HIV Project	Consultant Biostatistician - HIV Project
42	Kumar, K. Shravan	BMGF(HIV/AIDS) Project Team	Senior Program Officer
43	Kumar, Preeti	PHFI	Senior Public Health Specialist(Health systems and Health Policy)
44	Kumar, Souvik	IIPH-H	Lecturer
45	Lakshmi, Josyula K.	IIPH-H	Lecturer
46	Lyngdoh, Tanica	IIPH-D	Assistant Professor
47	Malhotra, Sumit	IIPH-D	Senior Lecturer
48	Mathur, Manu	PHFI	Research Fellow
49	Mathur, Shivani	PHFI	Research Associate- Communications
50	Menon, Geeta	IIPH-D	Assistant Professor
51	Menon, Subhadra	PHFI	Head - Health Communication Advocacy
52	Mikkilineni, Sitamma	IIPH-H	Associate Professor
53	Misra, Madhavi	PHFI	Research Fellow (public health emergencies) and Executive Aide to President – Academic Affairs
54	Munnuswamy, Suresh	IIPH-H	Sr. Lecturer
55	Murlidhar, Veena	IIPH-G	Assistant Professor
56	Murthy, Seema	Future Faculty Fellow	FFP

SN	NAME	LOCATION	DESIGNATION
57	Naidu, Vandana	BMGF	Senior Programme Officer – Public Health Advocacy and Policy BMGF/ PHFI PROJECT
58	Nair, Harish	IIPH-D	Assistant Professor
59	Nair, Manisha	Future Faculty Fellow	FFP
60	Nakkeeran, Nanjappan	IIPH-G	Assistant Professor
61	Nayagam, Avudai	PHFI	Web Communication Specialist
62	Negandhi, Himanshu	Future Faculty Fellow	FFP
63	Nelakurthi, Murli Krishna	PHFI	Research Associate
64	Neogi, Sutapa Bandyopathyay	IIPH-D	Assistant Professor
65	Pai, Vinaya U.	IIPH-H	Tutor
66	Panda, Rajmohan	PHFI	Public Health Specialist (Reproductive and Child health)
67	Panicker, Rajshree	PHFI	Research Associate
68	Pathak, Garima	IIPH-D	Assistant Professor
69	Pradeep, B S	Future Faculty Fellow	FFP
70	Prashantha, N S	Future Faculty Fellow	FFP
71	Purkayastha, Lalchhanhimi	PHFI	Research Associate - Tobacco Control, PHFI
72	Purohit, Bhaskar	IIPH-G	Lecturer
73	Raj, Sunil S.	Future Faculty Fellow	FFP
74	Rajkumari, Babita	IIPH-D	Lecturer
75	Ramachandra, Srikrishna Sulgodu	IIPH-H	Assistant Professor
76	Ramani, Sudha	PHFI	Research and training assistant
77	Ramgopal, S.P.	HIV Project	Field Coordinator - HIV
78	Rao, A.Srinivas	HIV Project	Project Coordinator - HIV Project
79	Rao, Krishma Dipankar	PHFI	Head Health Economics and Financing
80	Ray, Shomik	IIPH-D	Assistant Professor
81	Saha, Somen	IIPH-G	Lecturer
82	Sahoo, Pratap Kumar	IIPH-D	Lecturer



SN	NAME	LOCATION	DESIGNATION
83	Saraf, Abhay	PHFI	Senior Public Health Specialist
84	Satija, Ambika	PHFI	Research Fellow
85	Satpathy, S.K.	PHFI	Consultant- Training Division
86	Saxena, Deepak B	IIPH-G	Assistant Professor
87	Selvaraj, Sakthivel	PHFI	Health Economist
88	Sheikh, Kabir	IIPH-D	Senior Lecturer
89	Shidhaye, Rahul	IIPH-H	Lecturer
90	Shukla, Rajan	IIPH-H	Asst. Professor
91	Singh, Anjali	IIPH D	FFP
92	Singh, Archana	IIPH-D	Assistant Professor
93	Singh, Ranjana	IIPH-D	Senior Lecturer
94	Singh, Vivek	IIPH-H	Senior Lecturer
95	Somsekhar, Hemalatha	PHFI	Academic Coordinator
96	Subhashini, S.	IIPH-H	Tutor
97	T.N . Sathyanarayana	IIPH-H	Senior Lecturer
98	Tetali, Shilaja	IIPH-H	Assistant Professor
99	Thakker, Puja	PHFI	Research Associate
100	Thippaiah, Anitha	IIPH-H	Assistant Professor
101	Tripathi, Vikal	SACD	Biostatistician
102	Trivedi, Mayur	IIPH-G	Lecturer
103	Varghese, Beena	PHFI	Head, Research Development and Adjunct Additional Professor
104	Vidyasagar, AishwaryaLakshmi	IIPH-D	Lecturer
105	Rao, Aiyagiri	PHFI Advisor	Research Development & Scientific Operation
106	Rao, Mala	IIPH-H Director	IIPH Hyderabad
107	Zodpey, Sanjay	IIPH-D Director	Public Health Education and Acting Director IIPH Delhi
108	Satia, J.K.	IIPH-G	Senior Advisor, and Director IIPH Gandhinagar
109	Reddy, K.S.	PHFI	President PHFI

## SUPPORT STAFF

SN	NAME	LOCATION	DESIGNATION
1	Aji, C.	PHFI	Executive Secretary -President
2	Albert, P.P.	IIPH-Hyd.	Accounts Officer
3	Anitha	IIPH-Hyd.	Guest House Maid
4	Annapurna, N.Devi	IIPH-Hyd.	Accounts Assistant
5	Anthony, Shalini	South Asia Centre for Chronic Diseases Research	Secretary to Director
6	Bagga, Pooja	PHFI	Manager Finance and Administration
7	Baghel, Ganesh	IIPH-Hyd.	Guest House Caretaker
8	Bala, Smitha	PHFI	HR Manager
9	Balaiah, P.	IIPH-Hyd.	Driver To General Secretary
10	Banerji, Anuradha	PHFI	Head Administration & Communications
11	Barua, Palkie	PHFI	Manager Faculty Development
12	Budhraj, Shveta	PHFI	Finance and Accounts Officer
13	Chaitanya, B. Lakshmi	IIPH-Hyd.	Office Superintendent
14	Chatterjee, Lt. Gen.	PHFI	Special Advisor for Government and NGO Relations
15	Chavda, Narendrasinh	IIPH-G	Dy.Registrar
16	Dayal, Radhika	PHFI	Coordinator – Academic Programs
17	Deka, Mitali	BMGF(HIV/AIDS)	Finance Officer
18	Dheeraj, Kumar	PHFI	Data Manager and Research Coordinator
19	Elliot, Mary	IIPH-Hyd.	Executive Assistant To Director
20	Firdaus, Naghma	PHFI	Executive Assistant to President (Administrative Affairs) and Coordinator, Corporate Communication
21	G.S. Suresh	PHFI	Office Driver
22	George, Manoj	PHFI	Office Assistant
23	Hazarika, Sukanya	PHFI	Legal Officer
24	Kalra, Gazal	PHFI	Executive Assistant to the President- Special Initiatives
25	Kanwal, Sunder	PHFI	Office Assistant
26	Kishore, Rangashiri	PHFI	Librarian



SN	NAME	LOCATION	DESIGNATION
27	Koul, Amit	PHFI	Project Coordinator
28	Kumar, Braj Mohan	IIPH- Delhi	Office Assistant
29	Kumar, K. Suneel	IIPH-Hyd.	Project Manager
30	Kumar, Manish	PHFI	Head- Projects
31	Kumar, Mukesh	PHFI	Office Assistant
32	Kumar, Nanda	PHFI	Senior manger -Finance & Administration extra mural project
33	Kumar, P.,Chaitanya	IIPH-Hyd.	Systems Engineer
34	Kumar, Satish	IIPH- Delhi	Office Assistant
35	Lahkar, Gaurab	PHFI	Information Technology Support Coordinator
36	Luthra, Naresh	IIPH- Delhi	Establishment Officer
37	Madhavi, B.	IIPH-Hyd.	PA To General Secretary
38	Makwana, Pravin	IIPH-G	Establishment Officer
39	Mathur, Manish	BMGF(HIV/AIDS)	Sr. Finance Officer
40	Mathur, Neha	PHFI	Manager – Faculty Development
41	Mohan, K. Jagan	IIPH-Hyd.	Sr.Engineer
42	Panchadhane, Vijay	IIPH-G	Programme Officer
43	Panchal, Bharat	IIPH-G	Accounts Officer
44	Pathak, Nirmal	PHFI	Accounts Officer
45	Prasad, M.R.Murali	IIPH-Hyd.	Chief Librarian
46	Raj, Satya	PHFI	Driver
47	Raman, Sujatha	IIPH- Delhi	Programme Officer
48	Rambabu, P.	IIPH-Hyd.	Driver
49	Ramdas, G.	IIPH-Hyd.	General Secretary & Chief Administrator
50	Ramesh, Geetha	PHFI	Manager - Administration
51	Rani, K. Pramila	IIPH-Hyd.	Facilities Manager
52	Rao, R.Nageshwara	IIPH-Hyd.	Office Boy
53	Rao, R.Venkateshwara	IIPH-Hyd.	Security Guard
54	Rao, T.V.Siva Nageshwara	IIPH-Hyd.	Establishment Officer
55	Rustagi, Saurabh	PHFI	Executive Assistant
56	Saggi, Naiyya	PHFI	Executive Assistant to the President- Special Initiatives
57	Saini, santosh	PHFI	Executive Secretary
58	Samuel, Jasmine S.	PHFI	Executive Secretary -President
59	Sehgal, Neelima	PHFI	Accounts Officer
60	Shah, Hardik	IIPH-G	Administrative Assistant

SN	NAME	LOCATION	DESIGNATION
61	Sharma, Ekta	PHFI	Administrative Assistant – Public Health Advocacy and Policy BMGF/ PHFI PROJECT
62	Sharma, Indu	PHFI (Intern)	Library Services
63	Singh, Lal	PHFI	Accounts Assistant
64	Sinha, Neeraj Kumar	BMGF(HIV/AIDS)	Administrative Assistant
65	Srinivas, Y.	IIPH-Hyd.	Driver To Director
66	Sriraman, P.K.	PHFI	Head- Finance & Administration
67	Sujata, M.	IIPH-Hyd.	Chief Finance Officer
68	Suresh, E.	IIPH-Hyd.	Office Boy
69	Swamy, Kalpana	PHFI	Senior Administrator- Academic Affairs
70	Thomas, Benoy	IIPH- Delhi	Programme Officer - IIPH
71	Vaidya, Kasyap	IIPH-G	Deputy Project Manager
72	Velu, G Vadi	PHFI	Office Assistant
73	Velu, M.	PHFI	Office Assistant
74	Venkataraman, Ravinder	South Asia Centre for Chronic Diseases Research	General Manager
75	Waldia, Sanjay	PHFI	Deputy Manager, Engineering Service



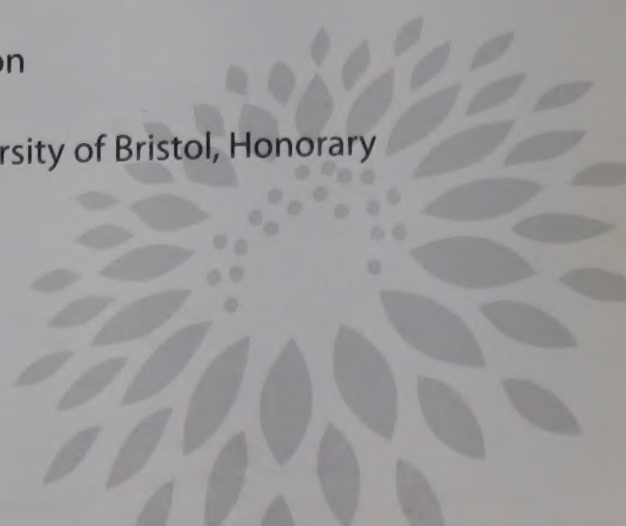
## ADJUNCT FACULTY WITH THE INDIAN INSTITUTES OF PUBLIC HEALTH

1. **D. PRABHAKARAN**, Executive Director, Center for Chronic Disease Control and Former Professor Cardiology, All India Institute of Medical Sciences, New Delhi.
2. **VIKRAM PATEL**, Professor of International Mental Health & Wellcome Trust Senior Clinical Research Fellow in Tropical Medicine, London School of Hygiene & Tropical Medicine and Sangath, Goa, India.
3. **NARENDRA K. ARORA**, Executive Director, INCLEN Trust and Former –Professor Pediatrics All India Institute of Medical Sciences, New Delhi.
4. **AMARJIT SINGH**, Secretary, Health and Family Welfare Department, Government of Gujarat
5. **AMARJIT SINHA**, Joint Secretary (NRHM), Ministry of Health and Family Welfare
6. **T. SUNDERARAMAN**, Executive Director, National Health Systems Resource Centre.
7. **SUJATA RAO**, Additional Secretary and Director General, National AIDS Control Organisation, Board Member PHFI
8. **A K SHIVA KUMAR**, Development Economist, Advisor, UNICEF, India, Member, National Advisory Council, Government of India, Board Member, Public Health Foundation of India (PHFI)
9. **G N V RAMANA**, Senior Public Health Specialist, The World Bank.
10. **SHALINI BHARAT**, Professor and Dean School For Health Systems Studies, Tata Institute of Social Sciences
11. **SHAH EBRAHIM**, Director, South Asia Centre for Chronic Disease Research Delhi and Professor of Epidemiology and Public Health
12. **PREMA RAMACHANDRAN**, Director, Nutrition Foundation of India
13. **AMIT KAPOOR**, Honorary Chairman, Indian Institute of Competitiveness and Professor of Strategy, Industrial Economics at Management Development Institute
14. **AMAR JESANI**, Indian Journal of Medical Ethics Trustee, Anusandhan Trust
15. **H.SUDARSHAN**, Founder - Karuna Trust & Vivekananda Girijana Kalyan Kendra (VGKK)
16. **ABHAY BANG**, Director, Society for Education, Action, and Research in Community Health (SEARCH)



## VISITING FACULTY WITH INDIAN INSTITUTES OF PUBLIC HEALTH

1. **R.M. PANDEY**, Prof & Head, Department of Biostatistics, All India Institute of Medical Sciences
2. **BASWATI GANGULI**, Professor, Calcutta University
3. **ABHAYA INDRAYAN**, Professor and Head, Department of Biostatistics and Medical Informatics, University College of Medical Sciences
4. **NIKHIL TANDON**, Department of Endocrinology, All India Institute of Medical Sciences
5. **VINOD K PAUL**, Professor, Division of Neonatology, Department of Pediatrics, AIIMS
6. **DAVID BLOOM**, Chair, Department of Global Health and Population, Harvard School of Public Health
7. **CLARENCE JAMES GAMBLE**, Professor of Economics and Demography, Department of Global Health and Population, Harvard School of Public Health
8. **DEVI SRIDHAR**, Senior Researcher and Director, Global Health Governance, University of Oxford.
9. **ARNAB ACHARYA**, Sr. Lecturer; Dept. of Public Health and Policy, London School of Hygiene and Tropical Medicine
10. **AJAY MAHAL**, Harvard School of Public Health
11. **PETER BERMAN**, Lead Health Economist, HDNHE, World Bank
12. **RAMANAN LAXMINARAYAN**, Senior Fellow and Director, Visiting Scholar, Princeton Environmental Institute Center for Disease Dynamics, Economics and Policy (CDDEP)
13. **S V SUBRAMANIAN**, Associate Professor of Society, Human Development, and Health Department of Society, Human Development, and Health, Harvard School of Public Health
14. **TARANI CHANDOLA**, Professor, University College of London
15. **GEORGE DAVY SMITH**, Prof of Clinical Epidemiology, University of Bristol, Honorary Professor of Public Health, University of Glasgow





16. **RODNEY JACKSON**, Professor of Epidemiology, Head of Epidemiology and Biostatistics, School of Population Health, Tamaki Campus, Faculty of Medical & Health Sciences, University of Auckland
17. **PRABHAT JHA**, Prof of Epidemiology and Global Health, University of Toronto
18. **LALIT DANDONA**, Professor of Global Health, Institute for Health Metrics and Evaluation (IHME), Washington D.C.
19. **ABDUL GHAFAR**, Regional Advisor Research Policy and Cooperation Regional Office for the Eastern Mediterranean Region, World Health Organization
20. **SHEKHAR SAXENA**, Coordinator Team Mental Health, World Health Organisation, Geneva Richard Cash, Senior Lecturer on International Health, Department of Global Health and Population, Harvard School of Public Health
21. **RICHARD CASH**, Senior Lecturer on International Health, Department of Global Health and Population, Harvard School of Public Health

**PHFI remains thankful to:**

- Ministry of Health and Family Welfare, Govt of India
- Government of Delhi
- Government of Gujarat
- Government of Andhra Pradesh
- Government of Orissa
- Government of Meghalaya
- Government of Tamil Nadu
- Government of West Bengal
- Government of Punjab
- Government of Uttar Pradesh
- Government of Chattisgarh
- Government of Bihar
- Government of Jharkhand
- American India Foundation
- Merck Worldwide [Merck Sharp & Dohme (MSD) Pharmaceuticals]
- ICICI Bank
- Pfizer Inc.
- MacArthur Foundation
- Packard Foundation



## BATCH OF 2008-09



**IIPH-Delhi:** Students of the Post Graduate Diploma in Health Economics, Health Care Financing and Health Policy



**IIPH-Gandhinagar:** Students of the Post Graduate Diploma in Public Health Management



**IIPH-Hyderabad:** Students of the first batch of Post Graduate Diploma in Biostatistics and Data Management (PGDDBM) 2008-09 – 26 students from academic backgrounds as varied as computer science, philosophy, psychology, medicine, and statistics





IIPH - Gandhinagar



IIPH - Delhi



IIPH - Hyderabad



*This report gives an overview, till 1st September 2009, of the work being done, by the Indian Institutes of Public Health (IIPHs), Delhi, Gandhinagar and Hyderabad and the Public Health Foundation of India, for advancing the health of the Indian people.*

**Public Health Foundation of India (PHFI)**

IIInd Floor, PHD Chamber, 4/2, Siri Fort Institutional Area,

August Kranti Marg, New Delhi- 110016

Tel: 011- 46046000

log on to [www.phfi.org](http://www.phfi.org)



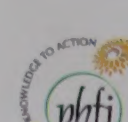
PUBLIC  
HEALTH  
FOUNDATION  
OF INDIA



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
DELHI



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
GANDHINAGAR



INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
HYDERABAD